FLU SHOT

IS IT REALLY "SAFE AND EFFECTIVE"?

8 Critical questions
to ask your doctor
BEFORE your next flu shot
(And Fact-Check their answers immediately!)

DR. M. KURESHI

The Flu Shot: Is It Really *Safe and Effective?*

8 Critical Questions to Ask Your Doctor Before Your Next Flu Shot (...And Fact-Check Their Answers Immediately!)

Dr. M. Kureshi

© Copyright 2023

Table of Contents

INTRODUCTION

CHAPTER 1:
A Brief History of the Flu-Shot

CHAPTER 2:
8 Critical Questions To Ask Your Doctor Before Your Next Flu Shot

1. Doctor, Why Do I Need The Flu Shot Every Year?

2. How Dangerous Is The Flu Really? Is It Dangerous For Someone Like Me?

3. Do I Really Need To Get The Flu Shot To Protect Others Around Me?

4. Does The Flu Shot Have Side Effects That Can Be Harmful To Me?

5. I Have Heard That The Flu Shot Contains Mercury And That It Can Be Toxic To The Human Body. Is This True?

6. I Have Heard That The Flu Shot Contains Other Ingredients Such As Preservatives, And That Some Of These Can Be Harmful. Is This True?

7. Can't I Just Take My Chances And Get The Flu, So I Can Develop Natural Immunity?

8. This Question May Be The Most Important Of All.

CHAPTER 3:
4 More Questions For Your Doctor....
(If You Haven't Been Kicked Out Of The Office Yet)

1. Doctor, Is It Possible the Flu Shot Can Give Me the Flu?

2. I Am Worried About My Elderly Parents Getting the Flu. Will the Flu Shot Be Protective For Them?

3. Are There Other Ways I Can Protect Myself From the Flu, Besides Getting a Flu Shot?

4. It Seems The CDC Is Aggressively Pushing the Flu Shot Every Year. Are They Doing Scientific Studies To Improve Flu Shots Every Year?

CHAPTER 4:
Flu Shot Case Stories

CHAPTER 5:
Reporting A Flu Shot Injury (Or Any Vaccine-Related Injury)

Conclusion

Glossary
Section 1:Some Of the Many Ingredients Used In Flu Vaccines
Section 2: Adverse Effects Linked To Flu Vaccines

References

Introduction

If you're anything like me, you like to know the basic ins and outs of the things that are being put into your body. Foods, beverages, medicine, and of course, vaccines. By ensuring that you have this knowledge, you can make informed decisions regarding your health and well-being. In this book, we will be focusing on the seasonally present flu shot. Chances are, you feel like you are not educated enough to know whether it's the best idea for you or your family. And doctors have probably not given you the best information regarding the flu shot, simply trying to push it onto you before flu season hits. Let's change that feeling of unfamiliarity to a feeling of confidence in the knowledge that you can make an educated decision.

The flu is an acute respiratory illness that you can contract from the influenza virus. You've probably had the flu many times before. It's an unpleasant experience for everyone - not one person I've ever met has been excited about the flu. Your body hurts, your head hurts, everything just hurts!

The flu is a seasonal illness that affects approximately five to twenty percent of the US population each year. About 200,000 people are hospitalized from complications caused by the illness. The flu season for the northern hemisphere is usually between December and February - but it can last as long as until May from time to time, which can be weather dependent.

If you've caught the flu, the most common symptoms include, but are not restricted to the following:

- fever
- chills
- headaches
- body aches
- a flushed face
- coughing
- sore throat
- vomiting and nausea
- tiredness
- runny/stuffy nose
- sneezing

Generally, the symptoms start getting better in about five days or so. Better symptoms do not mean that you are no longer sick, so still be cautious. It just means that the aches and pains, the fever, the runny nose, and the

overall tiredness will start to fade slowly. Usually, your body will start to gain its strength back shortly after. It is important to rest during this time.

The flu is a contagious illness that will affect those around you if they are exposed to you for extended periods of time. This means that if you have the flu, it's advised not to go to work. If your kids have the flu, don't send them to school or daycare, or any form of social/interactive setting. The flu is contracted through liquid particles that are let off into the air by the infected person. This can be from sneezing or coughing, etc. Of course, on the more extreme side, kissing an infected person is a surefire way of becoming infected yourself.

This virus has many variants, and the variant that causes the flu mutates and changes in the virus. This is why there are new flu shots that are developed every season. Because the flu virus is able to mutate so quickly, our immune system isn't able to remember the virus and attack it accordingly. This is why, even if you have an immunity to one strain, you may not have an immunity to the other. This is why you might get sick as each new flu season rolls around. Despite these variants, if you have had the flu a few times, your immune system will develop "cross-reactive immunity", that will protect you from small changes in the variants from year to year. It has been estimated that even with the new variants every year, there is sill 70-80% genetic similarity between the variants. This means that once you develop antibodies to the flu virus, these same antibodies will recognize and protect you from future variants that are genetically similar to the original virus.

Once flu season is upon us, those flu shot campaigns and advertisements start popping up everywhere. The doctors, pharmacies, and even the public health services, start heavily promoting the flu shot. You'll probably have seen the huge promotional posters telling you to "get your flu shots here" in places like Costco, outside your local pharmacy, or on stands in your doctor's office. They bombard you with advertisements everywhere that may just catch your eye. Emails, pop-up adverts, and sponsored posts on social media even. The promotion is aimed at everyone over the age of six months. Sounds a little drastic doesn't it? Especially considering that there are very few studies that prove that the flu shot helps in the prevention of contracting the flu...and these studies are flimsy and not very convincing. More on this later.

Most people have limited knowledge about the flu shot and have not done the research to inform themselves about it. They simply trust the information given to them by their doctor because surely your doctor is educated enough to know about it, how it works, and the studies that have been done about it. Right? So, you trust them, and even when you have questions, you probably feel a little too intimidated to ask them. Because they're the ones that are educated in medicine, so obviously, they are knowledgeable about the flu shot. Or you may even feel that it's disrespectful to ask them about a treatment that they've already tried to push onto you because of their status in the medical field. Unfortunately, this is where most folks have very misleading

conceptions. This is called "the halo effect." Basically, we use their general medical knowledge to form an overall opinion of them. So, because they have general knowledge about diseases, conditions, and illnesses, we believe they are educated on every medication or vaccine they suggest to you.

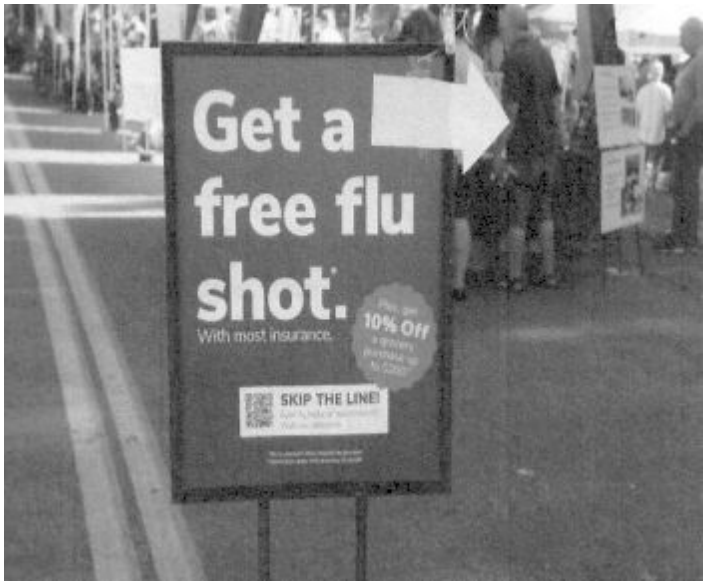
The truth is, your doctor is probably not as educated on the flu shot as you may think. There are exceptions to this, of course, doctors that do their research and educate themselves, which is fantastic. However, in general, the only "education" that most doctors get when it comes to the flu shot after being in medical school is training from the pharmaceutical company and their representatives. They will also only be trained on the flu shot that comes from that pharmaceutical company and not on any others. The only other form of education that doctors usually get regarding the flu shot is at pharmaceutically sponsored seminars - which are often very biased and one-sided.

The CDC and other public health agencies grossly exaggerate the number of flu-related deaths by huge margins, often in the 30,000- 60,000 range. This is one of the tools that they use to scare the public with their aggressive advertising - which was mentioned earlier.

They mention deaths in the tens of thousands every year, which means that the estimated number of flu-related deaths per month soared to ridiculous numbers. Yet, there doesn't seem to be any news coverage of this vast number of deaths. Sounds a bit suspicious, don't you think? That's because the actual number of flu-related deaths per year is, on average, between 800 and 1100. Contacting the flu is not as dangerous for the everyday person as they would like you to believe. The truth is that most respiratory illnesses that occur during flu season are NOT from the influenza virus, but from other viruses that cause respiratory illnesses known as "influenza like illnesses" (ILI). This means that the flu vaccine would not be effective against them anyway, even if it was able to effectively prevent contracting the flu or prevent the spread of the virus. But it doesn't even do that.

By educating yourself and becoming more informed about the flu vaccine, you will feel empowered enough to ask your doctor more detailed, careful, and informed questions about it. You will be able to find out all the risks involved for people with certain medical conditions or ages. By being able to do so, you will have the power to make the best possible decision for you and your family's health.

My aim is to help you become more educated and informed on what kind of questions you should be asking your doctor when it comes to flu shot season. To do this, you may want to know a little bit more than just about the vaccine, flu symptoms, etc. The history of the flu shot itself is a good place to start. Let's dive in.


Get a free flu shot.
With most insurance.
10% Off
SKIP THE LINE!

CHAPTER 1:

A Brief History of the Flu Shot

The influenza virus has been around a lot longer than most people realize. The first mention of this virus is all the way back in the 5th century BC by the Greek philosopher and physician Hippocrates who was also known as the "father of modern medicine." Yes, the influenza virus, as we know it today, has been around for more than 1500 years! There are reports of a virus of the same description spreading through Florence, France in the 1300s. And reports of flu-like epidemics spreading through Africa, Asia, and Europe in 1580. However, the pandemic that hit hardest and was the deadliest, the pandemic that infected about a third of the world's population, was *The Spanish Flu Pandemic of 1918*. The pandemic was the deadliest ever recorded and killed an estimated 50 million people worldwide. More of our soldiers died from the flu in World War I than from actual battle wounds or war-related violence "because of the worldwide pandemic.

Because of the Spanish Flu Pandemic, research began on the influenza virus, and in 1933 vaccine scientists were able to isolate one strain of the virus in ferrets (Potter, 2001). In 1936 another strain of influenza was isolated. Because of these discoveries, there was an urgent rush in developing a vaccine to prevent the insanely high mortality rate that came with the epidemics and pandemics of the past. No one wanted history to repeat itself and have the loss of so many human lives again. In 1938, the first influenza vaccine was developed. The US soldiers of World War II were given the new vaccine with the hopes that it would prevent the soldiers from falling ill during the cold winter months.

Through studies done in 1944 and 1947, it was proven that the studied subjects' health outcomes, unfortunately, had no conclusive differences - which proved that the vaccine was, sadly, not effective (Potter, 2001). Vaccines that were developed early on only contained the first strain (Type A) of the virus, and it was inactivated. However, by 1942, the vaccines mostly included both Type A and Type B (the second strain that was isolated). When this vaccine was tested, it showed that it caused mostly area-specific localized reactions, keeping the infection in one area (Potter, 2001). However, it was also shown to cause systemic reactions, meaning that one localized area was able to infect other parts of the body. This was found to happen in children especially. Even though all evidence showed that the vaccine was not very effective, in the US, in 1945, it was still licensed for use.

Due to the outbreak of the likely and predicted "Asian flu pandemic" in

the flu season of 1957 to 1958, over 40 million doses of a newly developed vaccine were administered. The initiation of the development of this new vaccine was brisk. They hoped that the new vaccine would help them prevent mortality and infection rates from going up and lessen the seriousness of the symptoms in those that were vaccinated. The fact that it was not widely available and lacked effectiveness caused health officials to state that the vaccine made basically no difference in the spread of the virus during a pandemic. They believed that it had no effect on the spread of the virus due to the limited availability, not that this was ever proven. By 1960 however, it had been widespread knowledge that a flu shot was recommended to patients that were high-risk or elderly as each new season came around. As you can tell, this was done with absolutely no proof that the vaccine was even the slightest bit more effective than fighting the flu naturally without any vaccine.

Four years later, it was decided that they do a review of the patients who were given the new annual flu shot. Sadly, it was found that the vaccine had no effect on the mortality rates and severity of the infections in the senior citizens or high-risk groups to whom it was administered. In 1969 the World Health Organization published a study that was conducted by the CDC in 1968, stating that their "*attention should be redirected towards finding a more efficacious means of protection*' (Schoenbaum et al.,). Even though all of the evidence pointed toward the vaccine being completely ineffective, the push for annual flu shots remained through the government vaccine recommendation policies.

Then in the early months of 1976, "Swine Flu" (H1N1 virus) reared its ugly head for the first time in the United States, and two cases were confirmed. Concerns started building that this strain of influenza may cause the same type of pandemic that was brought on by the Spanish Flu in 1918. Because of these concerns, the pharmaceutical companies in the US quickly jumped into action and started developing a vaccine for the H1N1 strain. The US Congress approved funds of $137 million dollars for vaccine production. Seems a little excessive for a vaccine that's proven to be of no help or consequence, doesn't it? Consider the fact that their goal was to have almost all Americans vaccinated by the beginning of the new flu season, even though it would likely do nothing to prevent of virus outbreak.

The drug companies did not start mass producing the swine flu vaccine immediately, though. First, the US Congress needed to give in to a lobbied idea of having a product liability shield. This meant that they would take no responsibility for any harm or injury caused by the vaccine. Because this product liability shield brought the safety of the swine flu vaccine into question, they started losing support from the public. However, the swine flu vaccination program still went forward, officially starting in October 1976. And then, the exact concerns of the public came to light within only two weeks when three senior citizens passed away, all three of them having been vaccinated at the same clinic.

By December 1976, the public was up in arms, and more and more reports of the vaccination causing medical issues were pouring in. The main reports were that numerous people had been paralyzed by Guillain-Barre Syndrome (GBS) - a syndrome in which your immune system starts attacking your nerves - after being vaccinated with the swine flu vaccine. Finally, it was decided that there was no imminent influenza epidemic, and the swine flu vaccination program was canceled. The swine flu vaccine setback, however, did not stop them from continuing the production of seasonal flu shots. They continued to promote them, and in 1978, the first trivalent flu shot (trivalent meaning that the flu shot included three different variants of the flu) was released. The trivalent flu shot was released because it was found that two different Type A strains were infecting people simultaneously. The shot included both Type A strains, as well as one Type B strain.

From the early 2000s, the development and approval of flu shots or vaccines started coming in hard and fast, and suddenly we were bombarded by choices. Which pharmaceutical company, which flu shot, which kind of application etc. Let's have a look at the timeline of vaccine development, production, and approval over the past 20 years:

• *2003*: The FDA approves the first live attenuated influenza vaccine (LAIV) called FluMist. This vaccine was administered as a nasal spray. It was approved for healthy adults up to the age of 49 and healthy children over the age of 5. However, it was not recommended for anyone with chronic respiratory issues or conditions such as asthma. But the list of people who were advised against using this vaccine did not stop there. People that fell into any of the following categories were also advised against the use of the FluMist vaccine.

  o anyone with a history of GBS

  o adolescents/children that are in the process of aspirin therapy

  o anyone with underlying chronic illnesses

  o anyone that has metabolic or immune dysfunctions

  o anyone with an egg allergy

  o pregnant women

  o anyone that comes into contact with persons that have immunodeficiency disorders (this is because there were cases documented in which persons having used FluMist were able to transmit the flu virus to those with compromised immune systems)

• *2009:* The public health services declare a national public health

emergency on April 26th, as a new strain of the H1N1 virus is discovered in Mexico. By October of the same year, a new swine flu vaccine was approved and available to the public. From this year onwards, the flu vaccine market grows and grows, with new types of vaccines and different ways in which to administer them. New science uses animal and insect eggs for their production (instead of chicken eggs). This was also the year that the FDA approved a "high-dose" vaccine for people over the age of 65. The vaccine was four times "stronger" and was meant to cause a higher response from the immune system, thus producing more antibodies in those over 65.

• *2011:* A study is done that shows the swine flu vaccine used in 2009 was shown to be at maximum, only 56% effective in the prevention of swine flu spread in the US (Griffin et al., 2011).

• *2012:* The first *quadrivvalent* flu shot is approved by the FDA. This shot included an extra strain of the Type B influenza virus (so 2x Type A variants, and 2x Type B variants). Meaning it theoretically was able to protect you even more, making the rate of effectiveness increase. FlucelVax is the first cell-based vaccine to be approved by the FDA. This vaccine used the kidney cells of a dog instead of the egg embryo of a chicken. This year was also the year that the first intradermal flu vaccine was approved. This vaccine was injected between layers of skin instead of directly into the muscle.

• *2013:* FluMist quadrivalent is made available for the 2013-2014 flu shot season. FluBlok, a recombinant (meaning it was made by recombining genetic cells) vaccine using armyworm caterpillar cells, is approved for use by adults between the age of 18 and 49.

• *2014*: In June, the Centre for Disease Control (CDC) states that healthy children between the ages of two and eight should use the FluMist vaccine. This vaccine was said to be used in place of the usual inactivated, injectable vaccines that were currently being used. This year, the first high-pressure vaccine injection device was made available to administer the flu shot.

• *2015:* A new trivalent vaccine containing MF 59 "squalene oil adjuvant that hyper-stimulates the immune system to produce more antibodies" (CDC, 2022) is approved for people over the age of 65. This vaccine is called FLUAD. Despite the fact that there were concerns raised about MF 59 and its affiliation with some neurological/immune disorders.

• *2016:* FluBlok quadrivalent is approved by the FDA. The CDC retracts its approval and insistence on the use of FluMist for healthy children

between the age of two and eight, stating that it was found to be ineffective in preventing the flu.

• *2018-2019:* In February, the newly formulated FluMist is reinstated in advance by the CDC for the 2018-2019 flu season. (Please note: the efficiency studies for the new formulation of FluMist have not yet been completed at our current date in 2023) This time the CDC decided against recommending this vaccine of the inactivated injectable vaccines unless proven to be a better option, which they said may be the case in the future.

As you can see, the market absolutely exploded and was flooded with all kinds of vaccines, with different ingredients and different delivery methods, produced by different pharmaceutical companies. Because of this boom in the market, the CDC had to expand its recommendations for use in its Advisory Committee on Immunization Practices (ACIP). Let's have a look at the timeline and how the recommendations expanded with the market:

• *1984:* The CDC recommends that all high-risk persons get an annual flu shot. This included persons over the age of 65, anyone with metabolic or chronic illnesses, persons living in nursing homes, or receiving assisted care. At this point in time, pregnancy was not considered high risk for complications caused by the influenza virus.

• *1997:* This is the year that the CDC decided to include pregnant women in their second or third trimester to the list of high-risk persons, recommending that they get the annual flu shot as well. However, this was received with mixed feelings, as the FDA had not yet approved and licensed a flu vaccine for pregnant women. The CDC made these recommendations based on a few documents and small case studies from the 1918-1919 and 1957-1958 flu pandemics. These documents stated that there was an increase in hospitalizations and infections in pregnant women.

• *1999-2010:* Between these years, the ACIP's recommendations expanded with the market. Slowly but surely, more and more target markets were included in the annual flu shot recommendations. In 1999 the CDC's ACIP has discussions about removing a mercury containing preservative called thimerosal from vaccines that were regularly administered to children. This preservative was present in almost all multi-vial flu vaccine vials.

• *2004:* Target markets included infants and children between six to twenty-three months. However, the CDC made the following statement regarding the removal of thimerosal: *"The benefits of influenza*

vaccination outweigh the theoretical risk, if any, for thimerosal exposure through vaccination" (Harper et al., 2004)

• *2010:* A vote was called by the ACIP, and it was decided to recommend that anyone over the age of six months and women in any stage of their pregnancy take an annual flu shot. The only people that were excluded from this recommendation were those with a history of GBS, and vulnerability or anaphylaxis to eggs or any other ingredient that is used in influenza vaccines.

• *2011:* The CDC decided to start recommending flu shots to those that only had hives as a reaction to egg allergies.

• *2014:* The Cochrane Collaboration does a review of the medical publications regarding the flu shot. They find incredible bias with regard to the influenza vaccine research on effectiveness and safety and have the following to say about it:

"An earlier review of 274 influenza vaccine studies in all age groups (including most of the studies in this review) showed an inverse relationship between risk of bias and the direction of study conclusions. Conclusions favorable to the use of influenza vaccines were associated with a higher risk of bias. In these studies, the authors made claims and drew conclusions that were unsupported by the data they presented. In addition, industry-funded studies are more likely to have favorable conclusions, to be published in significantly higher-impact factor journals and to have higher citation rates than non-industry-funded studies. This difference is not explained by either their size or methodological quality (Jefferson, 2009). Any interpretation of the body of evidence in this revie should be made with these findings in mind" (Demicheli et al., 2014).

They also found that despite the fact that the CDC makes annual flu shot recommendations every year, there are actually no findings to support this recommendation as a public health measure. The review had the following to say regarding this:

"The results of this review provide no evidence for the utilization of vaccination against influenza in healthy adults as a routine public health measure. As healthy adults have a low risk of complications due to respiratory disease, the use of the vaccine may only be advised as an individual protective measure." (Demicheli et al, 2014)

• *2016:* The CDC now recommends the flu vaccine to anyone with egg allergies. The egg allergy was no longer considered a reason to exclude

anyone from receiving the flu shot.

• *2018:* The Cochrane Collaboration does another review. This time on influenza vaccination in healthy adults. Their findings were that a flu snot only has a moderate impact on the reduction of influenza/influenza-like infections.

• *2022:* The CDC states that only quadrivalent vaccines will be used and available in the US for the 2022/2023 flu season. The CDC: made a preferential recommendation for the use of the following flu shots:

o aIIV4 - a quadrivalent adjuvanted inactivated flu vaccine (for persons 65 years of age and older)

o RIV4 - a quadrivalent recombinant influenza vaccine

o HD-IIV4 - a high dose quadrivalent influenza vaccine

As you can see, the past few decades have been brisk and influential in the recommendation of annual flu shots. But it seems that the data isn't quite there to support the reasoning that the CDC gives us when they recommend it.

CHAPTER 2:

8 Critical Questions to Ask Your Doctor Before Your Next Flu Shot

Now, I know the idea of truly questioning your doctor or pharmacist about something you assume they're educated about sounds a little ... intimidating. Chances are that most doctors and pharmacists that you've interacted with were somewhat condescending and did not like the idea of being questioned about something in their professional field. But something that you need to remember: You have the right to ask questions about any medication or vaccine that is being recommended to you. The fact is, you are the one that will care about your health the most, so you need to be your own advocate. I want you to feel empowered and confident when making your decisions and asking your questions.

Question 1: Doctor, why do I need the flu shot every year?

Your doctor will likely answer with the following: *"The flu virus mutates and therefore you need a new shot that is coded for that particular strain of the virus, to prevent you from getting the flu."*

According to the National Vaccine Information Center, only 10% of flu-like illnesses are actually caused by the influenza virus. This means that the flu shot is, at best, only 10% effective because it is an influenza vaccine.

It's been known for quite some time that only about 10% of respiratory or flu-like illnesses are actually from the influenza virus. This was stated in a report from the CDC regarding the 2016-2017 flu season. That means that only one out of every 10 people that get the flu shot can possibly benefit from the shot. That's assuming that the flu shot is 100% effective against that year's strain. However, the truth is that the vaccine is far less effective than that as we will cover later in this book.

That fact stands that every study done on the effectiveness of the flu shot has shown disappointing results. In all the studies that have been done through various independent agencies, research facilities, and the CDC, the flu shot has yet to pass the 60% effectiveness rate, and that is in its best year. In fact, the last and only time it reached 60% effectiveness was during the 2010/2011

flu season. This includes basically all forms of the flu shot, and each year, the results come back disappointing, and less than that. Sounds a little odd to be recommending something that doesn't surpass the 50% effectiveness mark in most years, doesn't it?

An observational study that was published on the PubMed website was done on the *Impact of influenza vaccination on seasonal mortality in the US elderly population*. Even this study concluded that the flu shot makes little to no difference in the mortality rates of the elderly. They also stated the following as the closing line to their conclusion: *"Because fewer than 10% of all winter deaths were attributable to influenza in any season, we conclude that observational studies substantially overestimate vaccination benefit"*; (Simonsen et al., 2005)

So, regardless of the fact that the doctor is correct regarding the mutation of the virus strains each season, the flu shot will more than likely not be of any help. It is not needed to get a flu shot every year, or ever, for that matter. We'll cover the harmful impacts of continual flu shots on your immune system in Question 7.

Question 2: How dangerous is the flu really? Is it dangerous for someone like me?

Your doctor will likely answer with the following: *"The flu is very dangerous! I the USA, it kills up to 60,000 people every season."*

The CDC uses mathematical models to estimate influenza-like illness deaths, not actual surveillance data. Which means that their estimates are grossly overestimated. In reality, the number of influenza deaths is less than 1000 per year. And that number is primarily people with multiple comorbidities, and/ or compromised immune systems. In other words, virtually no healthy people die from the seasonal flu.

Just like any other virus that affects your respiratory system, influenza can have complications. But only *if* you already have multiple chronic or underlying health conditions. In other words, if you are relatively healthy, chances are exceptional that the flu won't be of any danger to you.

The CDC's estimates regarding influenza deaths are not accurate. The reason is because the CDC uses mathematical models to calculate the deaths that occur from influenza. An estimate is just that, only an estimate. It does not hold any truth until such time as it's been shown to have been correct. The CDC's data holds no proper value, though, as the estimates that they come up with are not only based on hospitalizations for people with influenza but also a variety of other illnesses or viruses that they claim are associated with influenza. In other words, it is not common practice to lab test ail hospitalized

patients for influenza virus. So most patients are assumed to have the flu, when it is more than 90% likely that they have some other type of respiratory infection. In addition, no US states require healthcare facilities to report any adult deaths caused by the influenza virus. The only influenza deaths that they are required to report are those of children. As a side note, only 180 influenza-caused deaths in children were reported in 2017. Once again, as in adults, these are in children with multiple health issues, and/or compromised immune systems. Healthy children are not affected negatively by the flu.

If the CDC's data held any actual weight, the flu seasons in the US would be reported globally. According to their numbers, there are more than 13,000 influenza deaths in each month of the flu season! This is using a six-month flu season and the reported 80,000 deaths for the 2016 2017 flu season. Sounds a little crazy, because it is. The CDC, when estimating flu deaths every season, the not only count flu deaths, but other respiratory deaths as well, including pneumonia. By grouping all these deaths together, the CDC markedly exaggerates the number of "flu only" deaths per season.

There have been criticisms of the CDC's exceptionally aggressive advertising for the flu shot because of the fact that flu related deaths have been so greatly exaggerated. Members of the Cochrane Collaboration have even stated that *"when actual death certificates are tallied, influenza deaths on average are little more than 1,000 yearly"* (Demicheli et al., 2014). From what research shows us, the CDC uses the fear of hospitalization and death each season to scare people into getting the flu shot, because their observational studies are not reliable and heavily biased.

Question 3: Do I really need to get the flu shot to protect others around me?

Your doctor will likely answer with the following: *"The flu shot is very effective at preventing you from spreading the flu to your friends and loved ones."*

There have been numerous studies that prove that the flu shot is not successful in preventing or reducing the chance of spreading the virus from person to person.

Many studies over many decades have proven that, the flu shot does little to nothing with regard to preventing person-to-person infection (Demicheli et al., 2014). *In fact, it may actually increase the chances of viral transmission from person to person!*

The CDC promotes and tries to enforce a universal flu vaccine on assumptions that it will prevent the spread of the virus. However, a study published in January of 2018 in the Journal of the Proceedings of the National

Academy of Sciences of the United States of America revealed that the flu shot does not prevent transmission from person. (Yan et al., 2018).

As we know, a lot of the infections from the influenza virus are contracted via the virus becoming airborne and inhaled by those in the immediate vicinity. The study that was done wanted one question answered: How does the virus become airborne in the first place? One would think that this question has been answered before, but there doesn't seem to be much research done on this specific topic.

The research team then used volunteers, who were already confirmed to have contracted the virus, to collect breath samples. However, their findings also led to a very interesting pattern being discovered. They found that the volunteers that had repeatedly had the seasonal flu shot administered seemed to generate *increased* volumes of the airborne virus. Two of the volunteers who had been vaccinated for that flu season and the one before actually produced *six times* more volume of the aerosolized virus than those that had not taken either of those seasons' vaccines.

Speculation was raised as to why this was the case in those that had been vaccinated. The consensus was that those who received the flu shot vaccine had a decreased immunity that *"promote lung inflammation, airway closure, and aerosol generation"* which meant that those with a naturally developed immunity (i.e., those people who contracted the flu) were less likely to have these increased viral loads in their breath. The researchers stated the following: *"If confirmed, this observation, together with recent literature suggesting reduced protection with annual vaccination, would have implications for influenza vaccination recommendations and policies"* (Yan et al., 2018).

Dr. Tom Jefferson, a member of the Cochrane Collaboration, is an expert in this field and has authored many research papers regarding the proposed benefits of the flu shot. He has been published in many scientific and medical journals, in which he stated that after reviewing all of the flu vaccine studies out there (known as a meta analyses), he concluded that the benefits of the flu shot have been greatly overestimated. One of those benefits is that the flu shot is said to protect those around you, which it dearly does not.

Question 4: Does the flu shot have side effects that can be harmful to me?

Your doctor will likely answer with the following: *"Side effects are very rare from the flu shot, and they are always temporary."*

The flu shot has been reported to cause some very serious side effects, including paralysis and even death. There were over 200 reported cases of facial paralysis in 2020 alone, during a clinical drug investigation done that

year.

Funny enough, it's not just the doctors that will tell you that the side effects are rare, even the New York Times jumped onto the bandwagon and had the following to say to its readers: "The negatives of a flu shot are almost nonexistent, and significant side effects are very rare." (Carroll, 2018). This article is highly biased, as we will see later.

Of course, there are side effects that are considered "normal" when having had the flu vaccine administered. These are the least serious ones, but any side effect could go from "nothing serious" to "life-changing and scary," the severity will depend on how your immune system reacts to the vaccine, and the ingredients in it. The most common side reactions are reported to be:

- light-headedness or fainting
- nausea
- fatigue
- coughing
- sneezing
- low fever
- sore throat
- headaches
- soreness in the arm in which the flu shot was administered.
- redness or swelling around the administration point

The Institute of Medicine did a report in 2012 in which they studied 27 reported cases of vaccine adverse events, which is when there are serious side effects that are believed to be linked to the administration of a flu shot. The following serious side effects were found to be linked with getting the flu shot. The glossary at the end of this book defines these adverse events.

- GBS (Guillain-Barre syndrome)
- myocardial infarction
- acute disseminated encephalomyelitis (ADEM)
- optic neuritis
- encephalitis

• encephalopathy

• stroke

• chronic inflammatory disseminated polyneuropathy (CIDP)

• Bell's palsy

One influenza vaccine in particular caught my eye, simply due to the long list of people who should *not* use it during the 2022/2023 flu season because of the side effects listed for it. The vaccine that I am referring to is the live nasal flu vaccine FluMist. The list of people that were advised not to use this vaccine (without talking to their physician first) is as follows.

• children younger than two years of age

• anyone over the age of five with asthma

•children from the age of two to seventeen years, who receive aspirin or are undergoing an form of aspirin-containing therapy

• children aged two to four years that have asthma or any type of wheezing/ respiratory issues in the past 12 months

• adults 50 years and up

•anyone with weak immune systems immunodeficiency conditions

• history of GBS within six weeks of their previous flu shot administration

• anyone with kidney, heart, or lung disease, kidney or liver disorders, metabolic or neuromuscular or neurologic disorders. As all of these put them at greater risk of influenza complications

• anyone that's had an allergic reaction to a vaccine in the past

• pregnant women

• anyone who is moderately to severely ill

• anyone with severe allergies (especially to ingredients contained in vaccines)

• any persons with egg allergies

• anyone who has taken influenza antiviral drugs within the past 48

hours.

• anyone that cares for severely immunocompromised people that need a protective and sterile environment around them

There have been cases worldwide where not only groups of adults, but groups of children have had horrendous reactions to the influenza vaccine. In the 2009-2010 flu season, Australia reported that one out of every 110 children who were vaccinated were at risk for febrile convulsions (a seizure brought on by a spike in temperature) (Polkinghorne et al., 2011). Then during the H1N1 pandemic, a vaccine used in Europe was said to have left over 1,300 people with a condition called narcolepsy. Narcolepsy is a condition that affects your body's ability to control your sleep-wake cycles. This can cause a person to simply fall asleep without warning. The dangers of this while out in public or driving a car are fairly obvious. These people all received GlaxoSmithKline's Pandemrix flu vaccine. There was something in this vaccine that triggered the reaction in the autoimmune system, which led to narcolepsy.

Science magazine released an article regarding this exact problem and had the following to say about it: *"The 2009 HIN1 influenza pandemic left a troubling legacy in Europe: More than 1,300 people who received a vaccine to prevent the flu developed narcolepsy, an incurable, debilitating condition that causes overpowering daytime sleepiness, sometimes accompanied by a sudden muscle weakness in response to strong emotions sch as laughter or anger"* (Vogel, 2015). Luckily the vaccines for the H1N1 pandemic in the US were not linked to narcolepsy, through research done by the Vaccine Safety Datalink (VSD) and the Vaccine Adverse Event Reporting System (VAERS).

On another note, the flu vaccine has also been linked to GBS which is a condition where the immune system attacks and damages the peripheral nerves (these are the nerves that travel down your arms and legs). This condition can cause temporary or permanent paralysis. During the swine flu pandemic of 1976-1977, there was reported evidence that the probability of the vaccine causing GBS was "strong" (Petréš et al., 2020). Between the years 1990 and 2003, a total of 501 reported GBS cases were recorded after people had received the flu shot. The authors who evaluated the data and wrote these papers all stated that there was a likely association between the development of GBS and the flu shot. JAMA (Journal of American Medical Association) did a study in 2004 regarding the link between the flu vaccine and GBS and said that GBS was *"the most frequent neurological condition reported after influenza vaccination to the Vaccine Adverse Events Reporting System (VAERS)"*; (Haber, 2004).

In 2020 a clinical investigation was done on *"Facial Paralysis Following Influenza Vaccination: A Disproportionality Analysis Using the Vaccine Adverse Event Reporting System Database."* The investigation was done using patients who had received either an injected trivalent or an intramuscularly

administered quadrivalent seasonal flu shot to do the research needed. Their results stated that over 250 cases of facial paralysis were reported during the course of the study. They said that their study showed *"increased reporting of facial parafysis fallowing influenza vaccination as compared with other vaccines"* (Karmath et al., 2020).

To put a few things into perspective, it's said that only one to ten percent of vaccine-related adverse issues are actually reported to VAERS (Vaccine Adverse Event Reporting System). The National Vaccine Information Center website posted an article stating the following: *"As of June 1, 2023, there have been 9,329 claims filed in the federal Vaccine Injury Compensation Program (ICP) for injuries and deaths following influenza vaccination, including 234 deaths and 9,095 serious injuries. Of that number, the U.S. Court of Claims administering the ICP has compensated 5,588 children and adults, who have filed claims for influenza vaccine injury"* (nvic.gov, 2023). Of all the vaccines that are awarded compensation from the VICP, the flu shot ranks as the highest in terms of a dollar amount. As of 2023, the VICP has paid out over $4 billion to people who have been injured and filed claims, the majority of that paid out for the flu shot.

The public health agencies and the media often use the slogan "safe and effective" to describe all vaccines especially the flu shot. These side effects don't seem rare to me. In fact, the federal government even has a list of adverse side effects and known injuries from a flu shot that are called "table injuries". We will touch more on that later on.

Question 5: I have heard that the flu shot contains mercury and that it can be toxic to the human body. Is this true?

Your doctor will likely answer with the following: *"Yes, that used to be true, but the CDC has recently mandated that all mercury be removed from the flu vaccine, so there is no need to worry about that."*

Unfortunately, there are a few types of flu shots that still contain mercury in the form of thimerosal. Thimerosal is 50% mercury by weight, and as mercury is a known neurotoxin, it's not something to be injected into the human body.

Sadly, the lack of actual medical training that doctors receive regarding the flu vaccines may very well be the cause of their misinformation regarding all mercury having been removed from vaccines. The CDC has a list of all the flu vaccines that are available in the US and their ingredients. Below is a table of the three vaccines that include thimerosal and their other ingredients as per the list provided by the CDC:

Vaccine Name:	Including:
Influenza (Afluria) Quadrivalent(c)	Includes thimerosal for multi-dose vials
Influenza (Flucelvax) Quadrivalent(c)	Includes thimerosal for multi-dose vials
Influenza (Fluzone) Quadrivalent(c)	Includes thimerosal for multi-dose vials

This means that three out of the nine flu vaccines listed by the CDC have thimerosal listed as an ingredient more than 30% of the vaccines available. That definitely does not show that all mercury has been removed from the flu shots. Also, with this information being available on the CDC website, it only goes to prove that this so called mandate to remove mercury holds no weight whatsoever.

With mercury being one of the most dangerous and toxic substances in the world - there are so many risks involved. Let's bear in mind, mercury is a metal that is better known as liquid silver due to its consistency. Mercury is so toxic that if you were in a building where a thermometer (containing mercury to measure the temperature) breaks, the entire building would be evacuated immediately, and a HAZMAT team would be brought in to clean the area. They would need to make sure that all traces of mercury are cleaned up before anyone would be allowed back in. This is because even the smallest amount of mercury exposure can cause some serious health issues. It has been shown to cause damage to the following areas of your body:

- kidneys
- bone marrow
- liver
- brain
- nervous system
- gut

It has also been linked to the development of neurological disorders such as autism and some autoimmune diseases and conditions. It is disturbing that mercury is still allowed in vaccines that are injected into the human body.

Mercury is so dangerous that Washington state law (RCW 70.95M.115) even states the following: *"Pregnant women and children under 3 years of age should not be given vaccines that contain more than trace amounts of mercury (thimerosal)".*

Now does that sound "perfectly safe" to you? Nope, not to me either. At this point, the only vaccine that is publicly known to have more than just "trace amounts" of thimerosal are multi-dose vaccines, so if you decide to get a flu shot, ask your doctor if they are using a multi-dose vial, and if so, it likely has thimerosal as a preservative, which means you risk the side effects from mercury exposure.

Question 6: I have heard that the flu shot contains other ingredients such as preservatives, and that some of these can be harmful. Is this true?

Your doctor will likely answer with the following: *"As far as I know, the flu vaccine contains only inactivated flu virus, with minimal preservatives for storage reasons."*

All flu shots have multiple substances added to them, to preserve and stabilize them for storage. All of them contain preservatives, stabilizers, and adjuvants. These ingredients have been linked to various health issues, and even some cancers.

You will probably have been told that there has been extensive research done on all of the ingredients that are present in the flu shots. That is simply a bald-faced lie. The ingredients listed in the flu vaccines are many, yet most doctors have no idea they are in flu vaccines. You are encouraged to have a look at the glossary at the end of this book to see the effects that these ingredients have on our bodies. Below is a list of the most common flu vaccines available and their listed ingredients as per the CDC.gov "Appendix B for the Pink Book-Vaccine Excipient Summary":

Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Afluria) Quadrivalent(c)	• sodium chloride • monobasic sodium phosphate • dibasic

	sodium phosphate • monobasic potassium phosphate • potassium chloride • calcium chloride • sodium • taurodeoxycholate • ovalbumin • sucrose • neomycin sulfate • polymyxin B • beta-propiolactone • hydrocortisone • thimerosal (multi-dose vials)
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Fluad) Quadrivalent(c)	• squalene • polysorbate 80 • sorbitan trioleate • sodium citrate

	dihydrate • citric acid • monohydrate • neomycin • kanamycin • hydrocortisone • egg protein • formaldehyde
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Fluaris) Quadrivalent(c)	• octoxynol-10 (TRITON X-100) • a-tocopheryl hydrogen succinate • polysorbate 80 (Tween 80) • hydrocortisone • gentamicin sulfate • ovalbumin • formaldehyde • sodium deoxycholate • sodium

	phosphate-buffered isotonic sodium chloride
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Flublok) Quadrivalent(c)	• sodium chloride • monobasic sodium phosphate • dibasic sodium phosphate • polysorbate 20 (Tween 20) • baculovirus • Spodoptera frugiperda cell proteins • baculovirus • cellular DNA • Triton X-100
Vaccine Trade Name:	**Listed Ingredients:**
	• Madin Darby Canine

	Kidney (MDCK) cell protein • phosphate buffered saline • protein other than HA • polysorbate 80 • MDCK cell DNA • cetyltrimethylammonium • bromide • B-propiolactone • thimerosal (multi-dose vials)
Influenza (Fluzelvax) Quadrivalent(c)	
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Flulaval) Quadrivalent(c)	• ovalbumin • formaldehyde • sodium deoxycholate • a-tocopheryl hydrogen • succinate • polysorbate 80

	• phosphate-buffered saline solution
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Fluzone) Quadrivalent(c)	• formaldehyde • egg protein • octylphenol ethoxylate (Triton X-100) • sodium • phosphate-buffered isotonic sodium chloride solution • thimerosal (multi-dose vials)
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (Fluzone) High Dose(c)	• egg protein • octylphenol ethoxylate (Triton X-100)

	• sodium phosphate-buffered • isotonic sodium chloride solution • formaldehyde
Vaccine Trade Name:	**Listed Ingredients:**
Influenza (FluMist) Quadrivalent(c)	• monosodium glutamate • hydrolyzed porcine gelatin • arginine • sucrose • dibasic potassium phosphate • monobasic potassium phosphate • ovalbumin • gentamicin sulfate • ethylenediaminetetraacetic acid (EDTA)

Now that certainly looks like a whole bunch of dangerous sounding ingredients to me. And these ingredients have been linked to have some serious side effects related to them. Below in the glossary, you will see just how serious things can get. Don't allow your doctor to tell you otherwise,

because you have the information at your fingertips and have every right to question what you are putting into your body.

Question 7: Doctor, can't I just take my chances and get the flu, so I can develop natural immunity?

Your doctor will likely answer with the following: *"You can't rely on natural immunity alone, as the flu shot is more effective than natural immunity."*

Getting the flu helps you acquire natural build immunity to the virus. It has been shown, multiple times, that a naturally built-up immunity is much more effective in giving us protection. Your immune system will become more robust and stronger after having done battle with the flu, which has many upsides in preventing future strains of the flu.

If you have gone through flu seasons without contracting the virus, the chances are that you don't actually need a seasonal flu shot. This is because your body has an immune system that is strong enough for it to fight off the virus and heal you. Despite the fact that some people can fight off the flu without the "help" of the flu vaccine, some healthcare providers insist that *everyone* needs to get the flu shot each season.

You will see a lot of articles and blogs about how the flu shot is better because it's more reliable than natural immunity. But we've already shown that the flu shot is far from effective. Not only that but by developing natural immunity, you don't run the risk of dealing with any of the side effects associated with the flu shot. Just like any other illness or virus, natural immunity to the influenza virus is your best defense against future infection. The flu shot also only gives, at best, one season of temporary immunity. This is one of the reasons that the CDC pushes you to get a new flu shot every year. Natural exposure to a virus or bacteria doesn't always mean that you actually get sick after being exposed; sometimes just being exposed to the virus is enough for you to develop immunity. You may develop a 'sub-clinical' infection, and build up a natural immunity without even getting that sick.

The funny thing is, they never tell you about the fact that getting a flu shot actually suppresses your entire immune system so that you are more vulnerable to other flu infections, and even other respiratory infections, such as bronchitis and pneumonia.

Simply put, a healthy immune system will serve you better in the long run against many illnesses, not just the influenza virus. It doesn't just reduce the risk of you getting the flu, but can also reduce how severe the virus infection is in your body. When you're exposed to the flu virus, your body starts to create antibodies that will protect you against it in the future, thus creating a

natural immunity to the virus or certain strains thereof. The Children's Hospital of Philadelphia posted a blog about vaccine safety and explained natural immunity perfectly. They said, "Your immune system "sees" something that is foreign, attacks it, disables it, and then adds information to the memory bank, so your body can react more quickly the next time that same foreign invader arrives" (Chop.edu, 2021).

Remember, your best defense against the flu virus is a healthy immune system. That is what will determine whether you get infected or sick, not an ineffective flu shot. Your best course of action would be to lead the healthiest lifestyle that you can. Exercise, eat healthy, get lots of fresh air and sunlight, make sure that your stress levels are manageable, and get enough sleep-these things, among many more, will help you to build up the best, healthiest, and strongest immune system. And as we mentioned earlier, the flu shot may even suppress your immune system, making your chances of infection even higher as time goes on.

Question 8: This question may be the most important of all: *Doctor, if I agree to get the flu shot today, can you please provide me with the package insert from the manufacturer so I can read it before I get the shot?*

Your doctor will likely answer with the following: *"Yes, of course, I just have to look for it, as most patients don't ask for this..."*

Doctors have to provide this to you if you ask. However, 99% of patients never ask to see the package insert of the flu shot that they have been given. So please ask for it and review it thoroughly before you agree to get the flu shot.

Your asking is part of something called *informed consent*, which means that you are fully informed before consenting to the administration of the flu shot. It is important to make sure that you are aware of all the information that are listed in the package insert for that specific vaccine.

Federal Law states that all vaccine manufacturers must create and supply a package insert for their product. The package inserts are usually between 20 to 30 pages long and include many different categories. You certainly don't need to read the whole thing, but there are some paragraphs that are very important. The following categories are the ones that you should pay specific attention to:

- **Contraindications** - this refers to anything that is a reason for a patient not to receive that particular flu shot. Things like pregnancy, age, chronic conditions, or any other underlying health problems.

• **Warnings and precautions** - are exactly that. This aims to provide you with information about potential hazards, environmental or personal. This is to prevent people against its use in these situations to avoid personal injury.

• **Adverse reactions** (*Clinical trials and post marketing experience*) - these are the medical adverse reactions that have been caused by the vaccine and that have been reported by individuals who have received the flu shot.

Below is a table of the current flu vaccines that are available and a link to each of their package inserts. Ask your doctor which one of these flu vaccines they are suggesting for you, and retrieve the package insert at the following web address.

Vaccine Name	**Package Insert Link**
Aflutia (Quadrivalent)	www.fda.gov/media/117022/download
FLUAD(Quadrivalent)	www.fda.gov/media/135432/download
FluLaval(Quadrivalent)	www.fda.gov/media/115785/download
Fluzone (Quadrivalent)	www.fda.gov/media/119856/download
Fluarix (Quadrivalent)	www.fda.gov/media/79278/download
Flublok (Quadrivalent)	www.fda.gov/media/123144/download
Flucelvax (Quadrivalent)	www.fda.gov/media/115862/download

FluMist (Quadrivalent)	www.fda.gov/media/160349 / download
Fluzone High Dose (Quadrivalent)	www.fda.gov/media/139731/ download

Each of these vaccines has a list of adverse events that were elicited in the clinical trials, as well as post marketing experience that is ascertained after it has been widely distributed and used. These experiences include some very serious medical conditions and disorders. Below is a list of some of the most serious adverse events that were experienced:

- **General disorders and administration site conditions**
  - o cellulitis and large injection site swelling
  - o influenza-like illness
  - o injected limb mobility decreased
  - o pyrexia
  - o injection site erythema
  - o injection site reaction
- **Blood and lymphatic system disorders**
  - o thrombocytopenia
- **Skin and subcutaneous tissue disorders**
  - o pruritus
  - o urticaria
  - o Rashes
- **Immune system disorders**
  - o allergic or immediate hypersensitivity reactions including:
    - ■ anaphylactic shock
    - ■ serum sickness
- **Musculoskeletal and connective tissue disorders**
  - o musculoskeletal pain
  - o pain in the extremity
- **Nervous system disorders**

- neuralgia
- paresthesia
- convulsions (including febrile seizures)
- dizziness
- encephalomyelitis
- encephalopathy
- neuritis or neuropathy
- transverse myelitis
- GBS

- **Vascular disorders**

  - vasculitis (which may be associated with renal involvement)

As one can see, there are many serious adverse effects that the flu vaccine can have on you or your loved ones. This is why it's so important to make sure that you are making the right decision, as it could impact your life permanently. It's also a bit scary to know that there are so many concerns about each vaccine that they need to have so many pages that are dedicated to these adverse effects, but in the end, you need to keep yourself informed.

CHAPTER 3:

4 More Questions for Your Doctor (If You Haven't Been Kicked Out of their Office Yet...)

If you've made it this far without being asked to leave, I'm rather impressed. Most doctors would take offense at all of these questions because you're putting them on the spot with something that they probably have limited knowledge about - and *that* is more than likely the cause of any sourness or resentment they are feeling coward you.

On the positive side of things, if your doctor is answering you openly and honestly about all of your questions with verifiable information, and ensuring that you feel comfortable before deciding, well, then you are one of the lucky ones to have found a doctor that really cares about you, your health, and the health of your family or loved ones, and they obviously have the right kind of passion.

But the chances are that your doctor is giving you some very cold looks and shifting uncomfortably in their seat or from foot to foot. This is good. It means that you're getting under their skin enough for them to really start caring. Don't stop yet; let's push through and make sure that you are getting the correct information without it being sugarcoated for the sake of flu shot sales.

Question 1: Doctor, is it possible the flu shot can give me the flu?

Your doctor will likely answer with the following: *"The flu shot is an inactivated virus and cannot give you the flu!"*

Actually, the flu shot can increase your chances of getting other respiratory illnesses that are known as influenza-like illnesses (ILI). Besides, not all flu shots have inactivated viruses.

We've already discussed the study that was done in Canada that proved that the flu shot gave you increased chances of becoming infected with the flu virus or influenza-like illnesses. Your doctor probably does not have the information or training to know about these studies and is simply uninformed.

But, in all fairness, your doctor simply side-stepped the question by bringing up another cause for concern-activated viruses in the flu shots. They've just told you that there aren't any flu shots with activated viruses in them. This is false.

When it comes to flu vaccines that contain the live or activated virus, we don't really know much about it because we're led to believe that there is no such thing. But, if you do your research, you can even find out how they specifically grow the virus in eggs to be able to use them in the nasal spray-style vaccine. Yes, you read right; they grow the virus themselves for this vaccine. To be able to use this live virus, it goes through many processes that "weaken" the virus and its ability to infect. "The weakened viruses are cold-adapted, which means they are designed to only multiply at the cooler temperatures found within the nose, and not the lungs or other areas where warmer temperatures exist." (CDC, 2009) This does not put my mind at ease.

Personally, the idea of purposely putting a live virus into my airways sounds like a terrible idea. Especially then we've learned that the virus spreads through the bodily fluids that come out when we cough or sneeze, or breathe.

We discussed FluMist in Chapter 1 and the development of the vaccine. This vaccine is still available to this day and was recommended by the CDC for the 2022-2023 flu season. Drugs.com posted an article about Flumist in 2021, which was medically reviewed by Phillip Thornton, who has a Diploma in Pharmacy. The following statement was made when answering the question *What is FluMist?*: "FluMist is used to prevent infection caused by influenza virus. The vaccine is redeveloped each year to contain specific strains of activated (live) flu virus that are recommended by public health officials for that year" (Drugs.com, 2021).

Now, tell me, does that look like all flu shots have the inactivated virus? Not only are there flu shots with the activated virus, but after administration, you are warned not to be in close contact with anyone that may have a weakened immune system because they may become infected. So not only are you at risk for infection, but so are your loved ones and the people around you.

Question 2: Doctor, I am worried about my elderly parents getting the flu. Will the flu shot be protective for them?

Your doctor will likely answer with the following: "Yes, flu shots have been shown to reduce the risk of death for the elderly."

The flu shot hasn't been shown to be effective in preventing the flu in the elderly. Nor does it reduce their risk of dying from the flu or influenza like illnesses. As we've discussed in the previous question, it may even increase

their risk of infection.

The CDC stated that getting the seasonal flu shot does prevent the elderly from becoming infected or dying as a result of the flu virus (CDC, 2023). These statements were made on the basis of their own observational research and are the only studies that they've relied on for this information. These claims and the so-called research that came with them have been thrown out by the scientific community multiple times. The CDC often overlooks and ignores any scientific studies or research papers that are not in complete agreement with their objective, which is to promote the flu vaccine.

In 2005 a study was done by JAMA Internal Medicine (previously known as Archives of Internal Medicine), and during this study, they found some very interesting information which led to a concerning conclusion. They found that between the years 1980-2001, there was a huge increase in the number of elderly people having various forms of flu shot administered. During this time, they also found the number of elderly deaths caused by influenza and pneumonia had increased dramatically a well. Seems a bit too much of a coincidence, doesn't it?

Then, 2008 rolled around, and a review was done by the Virology Journal regarding the same subject. Their findings were more or less on par with those of the JAMA Internal Medicine study that had been done three years prior. The Virology Journals had the following to say regarding their findings, "influenza mortality and hospitalization rates for older Americans significantly increased in the 80s and 90s, during the same time that influenza vaccination rates for elderly Americans dramatically increased" (Cannell, et al., 2008).

Unfortunately, studies that have been done by the CDC regarding the mortality and hospitalization rates in the elderly have been found to be biased. This is because of something that is referred to as "healthy user bias," and that has led us to believe that the studies done by the CDC are flawed. In short, there is no substantial evidence anywhere to show that the flu shot reduces the risk of infection or mortality in the elderly. I'd rather encourage my elderly parents to keep their immune system in tip top shape naturally, than run the risk of them becoming seriously injured from a flu shot, as we will discuss in the next question...

Question 3: Doctor, are there other ways I can protect myself from the flu, besides getting a flu shot?

Your doctor will likely answer with the following: *"Science says the flu shot is the best way to protect against the flu."*

Of course, there are many natural ways to protect yourself against the

flu. There are ways that are at no risk to you or your family, which will help put your mind at ease, and build your immune system naturally.

Again, this is something that we've touched on throughout the questions that you've been asking. There are always better ways to protect yourself from the flu; the flu shot (whichever one is being pushed on you at this point in time) is not the best way for you to protect yourself. Instead, there are many things you can do in your daily life that will help you avoid getting the flu (but even if you do, you're just building up that natural immunity!).

Here is a list of ways that you can protect yourself and your loved ones from being infected by the flu this season and every season thereafter:

- **Eat a healthy diet**

I know this sounds like the same thing you've heard a million times before. Eat healthily, get in your greens, make sure to get fruit into your system, etc. The reason that you hear about it so much is that sticking to a healthy diet, as a rule, can do nothing but benefit your body and your health. By maintaining healthy eating habits, you are able to get the nutrients and vitamins that your body needs to function at its best and keep a strong immune system. Avoid foods that are ultra-processed (virtually anything packaged in a box), and with added sugar, as that can weaken your immune system. Stay away from all sodas, as they are loaded with added sugar, and have virtually no nutrients that are supportive to a healthy immune system. And avoid cakes, pastries, and donuts, or eat them very sparingly, as they are cooked with unhealthy oils, and have a lot of added sugar. Basically, eat as natural as you can, and stay away from anything with added sugar, as that will weaken your immune system, and make you vulnerable to not only the flu, but other respiratory viruses as well.

- **Keep active**

Another basic piece of advice that we've all been privy to at some point in our lives. The reason that it is important to stay active is because it gets your blood flowing and your limbs moving. By staying active, you are ensuring that your lungs, heart, muscles, and so many other parts of your body are kept at a point that they are strong enough to keep you going even when there are infections threatening to make you ill or leave you feeling weak and low. Try to get at least 30 minutes of exercise three times per week. This could include walking, biking, swimming, or going to the gym and lifting some weights.

- **Stay hydrated**

Water, water, water! Staying hydrated helps you in so many ways. But one of the reasons it helps you protect yourself from the flu is because of the fact that it helps your body absorb nutrients. The nutrients from the healthy diet you're eating can't be absorbed to assist in protecting you against the flu if you're not drinking enough water. Water helps you to maintain healthy mucous membranes too! Your mucous membranes are there to protect the inside of your body the same way that your skin is able to protect the outside of your body. Mucous membranes are found in places like your nose, mouth, and throat. They protect you from invaders such as the flu virus. It's funny how something as simple as drinking more water can do all that, huh?

• Get some fresh air and sunshine.

It sounds more like something that you'd say to someone that is dealing with depression or another kind of mental health issue, doesn't it? The fact is that being able to be outside and get fresh air benefits your immune system by getting you outside and away from a closed-in area that may be filled with the airborne virus. Even just getting some fresh air into your home could flush out any viruses or bacteria that may be hanging in the air. But the most important part is getting some of that sunshine in your life! Vitamin D is what we get from the sun. It is a hugely important part of what keeps our immune systems healthy and strong and able to fight off infections that may come our way. The heat from the sunshine may even kill off any viruses or bacteria that are lurking on your clothing or skin, provided it's warm enough. David Slusky, an assistant professor of economics at the University of Kansas, had the following to say about this, "There's evidence that vitamin D reduces upper respiratory infections, and you'll get more vitamin D from getting more sunlight" (Slusky et al., 2021).

• Wash your hands regularly

I'm pretty sure almost all of us are tired of being told to wash our hands, especially after the COVID-19 virus has us all wandering around with hand sanitizer and smelling of medical grade alcohol. That was not a fun time. However, the sentiment of the advice still stands. By ensuring that you keep your hands as clean and sanitized as possible, you lessen your risk of being infected. Even though the flu is an airborne virus, it can be transmitted through contact, and that's why it's important to keep your hands clean. It is especially important after you've been in contact with someone who may be ill or after touching surfaces in a public space. You never know who's touched the same railings or money as you have, don't take the risk. Just give those hands a good lather and rinse.

• **Avoid contact with anyone who may be sick**

Just like the COVID-19 pandemic, if you suspect someone of being sick, just keep your distance. The reason that this was recommended for the flu, as well as COVID-19, is due to the fact that they are both airborne viruses.

• **Get enough decent sleep**

Sleep is one of the most important contributing factors to maintaining a healthy and strong immune system. Getting between seven to nine hours of sleep every night will help you fend off viruses like the flu and quite a few others. To do this, it probably a good idea to skip that cup of coffee or tea before bed, as you don't need any stimulants in your system when you are trying to wind down.

• **Keep your stress levels down**

Your stress levels also contribute quite heavily when it comes to the strength of your immune system. Stress can damage the cells in your body, and cause triggers that leave you more vulnerable to infections, like a respiratory viruses. When you start to stress (whether you're completely aware of the stress or not), your body starts to produce high levels of a chemical called cortisol. The higher levels of cortisol weaken your immune system. So practice deep breathing, meditation, or yoga, to keep those stress levels down!

If you do happen to get sick with the flu, there are a few natural remedies that will help lessen the effects of the symptoms and could even make the duration that you're sick shorter. Healthline.com recommended the following remedies and helping hands for when you come down with the flu (Iftikhan, 2019):

• *Eat a diet consisting of bland foods (just for now)* - by eating a bland diet, you're being a lot gentler with your digestive system. By keeping your meals bland, you will help to ease the tummy issues that come with having the flu.

• *Rinse and gargle with salt water for a sore throat* - all of the sniffing and coughing and clearing your throat of the yucky mucus that tends to coat it will leave your throat feeling raw and painful. Rinsing with salt will help ease the pain of raw throat, and it also helps to clear mucus, leaving you feeling a little less gross.

• *Make use of those wonderful-smelling essential oils* - essential oils do so much more than just smell good; they also have healing properties. A study done in 2011 found that tea-tree oil helped with the flu virus. It was

able to stop or slow down the spread of the virus. It's best used within two hours of being infected (Garozzo, 2011). However, there are also other essential oils that have wonderful antiviral properties and are used as natural antibiotics. Make sure that these oils are only used as instructed. Aromatherapy will have an effect on those around you, so take care when using a humidifier. Here are a few oils that can be used:

- o thyme oil
- o oregano oil
- o geranium oil
- o cinnamon oil
- o lemon oil
- o peppermint oil
- o eucalyptus oil

Drink a cozy, warm broth - bone broth or chicken broth are both great options when you're feeling under the weather because both of them are high in protein and minerals. Drinking broth is an easy way to keep yourself hydrated and regain some nutrients because eating solids might not be something that you feel up to doing at that point. It will also help clear your sinuses up a bit and loosen the mucus build-up, making it easier to rid yourself of.

Get as much sleep as possible - I know, here we go again with the sleep. Just like your body needs sleep to be able to build up your immune system, it also needs sleep to allow your immune system the chance to fight off the infection. So do your bit, and go take a nice, long nap. It doesn't matter if you need to cancel plans or get out of work, sleep needs to be a priority when you've got the flu, or it could take you much longer to get better.

Fluids! Fluids! Fluids! - this is another one of those things that you just can't substitute for anything else. When you've got the flu, the mucus build up, sweating, coughing, sneezing, etc., all expel fluids from your body. This is how people get dehydrated when they're feeling ill. Just make sure to drink as many fluids as you can. Try to keep it healthy, though, don't try convincing yourself that all of that coffee counts as a healthy fluid. Fruit juices, water, teas, broths, etc., are all good choices.

A humidifier to kill that virus - yes, you read right, your humidifier at

home could just help you kill that virus in its tracks once it's airborne anyway. This is because the virus survives longer indoors when the air is dry. So, by using your humidifier, you are ensuring that your indoor space has more moisture in the air, which could help reduce the flu viruses in the air. When the weather is colder, the humidity in the air tends to be less, which is why the virus spreads so easily during the colder months.

Herbal tea for the natural antiviral and antibacterial properties that they hold - another way for you to make use of natural products is by drinking certain herbal teas. The warmth of the tea will also help to soothe a sore throat. As I'm sure most of you are aware, herbs have been used in teas for centuries because of the special medicinal properties that they hold. For instance, star anise was used to make Oseltamivir phosphate (more widely known as Tamiflu) which is used to fight and prevent the symptoms of the flu. Other herbs that you could use in your tea to help fight off the flu are as follows:

o cloves

o turmeric

o fresh garlic

o fresh or dried ginger, or ginger paste

o green or black tea

(some of these herbs and teas might not taste great, so use a little honey to sweeten it up. Honey also works as a wonderful antibacterial)

• *Get some more zinc into your system* - a little more minerals in your system can't hurt, right? The mineral zinc is a great help when it comes to your immune system. Zinc is the nutrient that helps your body make you white blood cells; these are the cells that help you fight off infections and viruses. It can also help reduce or ease the symptoms that come with the seasonal flu. Okay, so the big question is: How do you get more zinc into your system? That's pretty simple; it's all about your diet or the supplements that you take. Below is a list of foods that you could introduce or use more of in your diet to get in more mineral zinc:

o seeds (sprinkle some in with your granola or yogurt)

o lentils (use them in a broth or to get more protein in with dishes that have minced meat in them)

o shellfish (who doesn't like prawns or crawfish? Mussels, crab, clams, oysters, etc.)

o beans (add some beans into that burrito bowl or with those tacos, beans are also a great source of protein)

o chickpeas (can anyone say hummus? There are loads of simple ways to introduce chickpeas into your diet)

o red meat (have that steak you've been craving; your body needs the zinc)

o dairy (some milk and cookies, and cheese and crackers could do you well)

o eggs (have yourself that full breakfast you've been thinking about, it could help you to feel better)

o Nuts (keep them as a snack by your bedside or simply add them to your other dishes)

• *Inhale some steam (and open your pores in the process; it's a win-win)* - inhaling steam is a great way for you to loosen the mucus build-up in your sinuses and take away that pressure caused by all of the congestion. Steam therapy can also help make that sore throat feel better and lessen the inflammation around the nose and lung areas. It also helps with a tight chest, dry cough, and a red and irritated nose. It's best not to use steam from boiling water as you run the risk of burning yourself. Here are a few methods with which steam therapy can be used:

o Use a vaporizer to create steam.

o Use a microwave-safe bowl or mug in the microwave and heat up the water, but be careful that it's not too hot for your face.

o Use water in a pot on the stove, again making sure that the temperature that is used will not burn or scald your skin.

(add some of those essential oils that were mentioned and you're sure to have a pleasant steaming experience and come out of it smelling delightful).

Question 4: Doctor, it seems the CDC is aggressively pushing the flu shot every year. Are they doing scientific studies to improve flu shots every year?

Your doctor will likely answer with the following: *"Yes, the CDC is doing*

good science every year to improve how well the flu shot works."

The fact of the matter is that the CDC doesn't do any of its own studies on improving the vaccines. The studies that are done are observational studies on the effects of the vaccines instead. They also rely on the studies from the manufacturer, which are often biased because they wane to ensure the sales of the vaccine.

An article about the corruption in the CDC with regard to the flu shot campaigns said it best when Author Jeremy R Hammond asked these tough questions; *"So what can explain the CDC's behavior? How can one explain the lack of good scientific evidence supporting its flu vaccine recommendation? Hon can one explain its apparent lack of interest in establishing the safety of the vaccine in infants and pregnant women? How can one explain its willingness to mislead the public about flu hospitalizations and deaths? How can one explain its insistence on citing estimates of the flu vaccine's effect on mortality that the scientific community has thoroughly discredited?"* (Hammond, 2018).

This article left me with much to think about, and the more research that was done, the more you saw how little research was being done by the CDC themselves. And the reason behind this just seemed like something that impeded the amount of research that was ever going to be done by the CDC regarding influenza vaccines. They wanted to sell more vaccines because they benefit from them directly. More vaccine sales meant more money in their pockets, and they ensured that this continued. In the same article by Jeremy R Hammond, he stated: *"The CDC itself maintains contracts with pharmaceutical companies and, excepting influenza vaccines, purchases more than half of the childhood vaccines distributed in the US. It is essentially a marketing and distribution division of the vaccine industry,"* (Hammond, 2018) and there are the receipts to prove it.

The CDC is using the seasonal flu to push sales of any and all vaccines that they possibly can. Yes, you could say that it sounds like a conspiracy, but there has been proof that this kind of money-grabbing has been an issue in the CDC for decades. This has never just stopped with the flu vaccine; it's made its way into the approval and recommendation of many vaccines. In 1997, three out of five officials that voted to approve a different vaccine were proven to have personal ties with pharmaceutical companies that were developing the vaccine. This is a serious conflict of interest and should not be allowed in the public health arena, where lives and livelihood are at stake.

The flu shot just happens to be the vaccine that they can push on us, as the public, decade after decade without anyone truly questioning it. We've all

been so conditioned to believe their exaggerations about the flu shots' effectiveness and the reasons why we should expose ourselves to the chemicals within it. It's been shoved in our faces at every pharmacy, doctor's office, hospital, and big-box store with a pharmacy section. The flu shot is the most profitable one out of them all and the CDC wants to maintain that financial windfall. The more you look into the CDC's cozy relationship with the vaccine manufacturers, you soon realize that it's all smoke and mirrors. One person commented on an article on thevaccinereaction.com and had the following to say about the aggressive ways that flu shots are being pushed onto us:

> *"My son's public elementary school in Hawaii sent home a three page release form for parents to sign, which allowing their child receiving the flu vaccine at school. How convenient. If you missed getting the shot at your local drug store, grocery store or pediatrician's office, you can now get a shot at school! His 2nd grade teacher apparently made a small speech saying that anyone who did not get the shot would be knowing putting the rest of the school at risk. Is it worth sending the teacher some basic info on how the flu shot only covers approx 20% of recipients? I admit that I don't particularly want to "out" myself as "anti-vax," for fear that it will create bias against my son. Sad state of affairs"* (Flegge, 2016).

The indoctrination that we've been forced to believe about the flu shot is very, very far from the truth. But this has been going on for so long that those of us that are brave enough to stand up against it have the fear that we will be judged and ostracized for it even though science is on our side. Don't let anyone tell you that your opinion is wrong, because you have the research to back it up.

CHAPTER 4:

Flu Shot Case Stories

In this chapter, we will be having a look at some of the case stories in which people have been negatively affected by the flu shot and what impact it ham on their lives. These stories reveal that the flu shot has many more adverse effects on people than the CDC would lead us to believe. These are all stories of the individual's experiences after taking the seasonal flu shot. These people were all willing to volunteer their stories in the hope that it would save someone else from going through the same thing that they went through. As you will see while you read the case stories below, the flu shot's adverse effects don't just affect one's health. It poses a threat to the emotional, mental, and spiritual well-being of you and those around you. There are areas of one's life that can be affected in such negative ways that you can never come back from it.

Case Story 1: Beth

"My children's school was shut don two different times last year for influenza outbreaks. My children are the only ones [who are] not vaccinated in their school. Neither of my children got influenza even after they helped clean up a classmate's throw up and came home reeking of it. Vitamin C and a proper diet are a way better solution than vaccines" (Beth).

This testimonial shows that natural immunity proved to be a better prevention than getting the flu shot. Instead of allowing her children to have dangerous chemicals administered into their bodies, she just ensured that their immune systems were strong by means of a healthy diet and lifestyle.

Case Story 2: M. McDonald

"My sister got a flu shot every year far so many years and [she] developed Bell's Palsy but the doctor kept giving her flu shot every year anyway. She developed Dementia... and she has just passed away, in October. Flu shots are ***evil*** *- Just wash your hands often"* (M. McDonald).

This is one of the stories that break my heart. The mere fact her sister was still administered the flu shot after already having developed an adverse effect from the shot simply makes no sense to me. This is an example of negligence from the doctor. But if she had been more educated on the flu shots, she may have refused them and perhaps looked for a different primary care physician.

Now she never gets to live the life she deserves, and her family and loved ones had to go through the pain or watch her mind fade away and forget who they are. This eventually ended in her passing. The effects of the flu shot can be haunting.

Case Story 3: Pam

"I'm very healthy, I never get sick and I'm over 60. The two years in which I got a flu shot, fallowing doctor's advice, I was terribly ill for to weeks each time. I could not get better on my on and needed the help of antibiotics to recover. I will never accept vaccination for anything" (Pam).

This is an example of the flu shot not being effective. The flu shot simply made a way for the pharmaceutical companies to make even more money off of her. This also goes to prove that the flu shot can make you horribly ill and might just increase your chances of becoming infected with the influenza virus on other influenza-like illnesses.

Case Story 4: Denise

"My daughter who is 24 had to get a flu shot because [she's] in college for nursing, and both shots made her sick. [The] first time [she] had the flu within 24 hours and [the] second [time] got strep infection and had to go to the emergency room. [She] had her third [flu shot] and tried flublok and had a severe migraine 5 days later. It makes me so sad and angry that I tried to keep her safe and healthy as a mom and now due to her job they are basically loading her up with toxic chemical" (Denise Merrill).

The fact that this mother's daughter had a negative reaction to the flu shot three times, and with two different vaccines, goes to show how it simply is not the effective vaccine that we are led to believe it is. If you are healthy and are able to fight off infections and bacteria on your own, allow yourself to do that. The OSHA (Occupational Safety and Health Administration) doesn't specifically state that getting the seasonal flu shot is mandatory. However, the problem is that they do allow private sector companies to require their employees to do so. The OSHA even states that they *"encourage healthcare emplqyers to offer both the seasonal and H1N1 vaccines."* (OSHA, 2009) This sounds a little unfair to those people in the medical sector that have done their research on the flu shot, and would prefer not to take it.

Case Story 5: Heather

"Two years ago my cousin received the flu vaccine, developed the flu that turned into encephalitis, causing massive seizures. He was put on anti-seizure medicine that ended up causing him to code three times. On the third code they were not able to resuscitate him. He left behind a wife and two children

under the age of four. He was only 28. He passed away 10 days after his vaccine. The thing that bums me is [that] they say it costs so much in health care for people who don't get vaccinated, when they get sick. How much does it cost when someone has a vaccine reaction? I'm guessing thousands more. He as in the ICU for days and now his wife is a widow" (Heather).

Another heartbreaking story, but this one ended with the loss of life. A family losing the head of their household and not being able to share in all of the milestones to come in his children's lives. A wife losing her rock and her partner, having to raise two young children on her own, all because of a terrible reaction to an influenza vaccine, not to mention the insane costs to the family in the financial sense. Heather understood the emotional and financial implications that could have been avoided if that dreaded flu vaccine had not been administered.

Case Story 6: Gloria

"Thank You to everyone for your needed information. I especially can relate to Pam about the two years in a row of accepting medical advice on taking the annual flu shots, [this was] five years ago. Each time in November; by Christmas time I was very ill, I could not get out of bed. [It] seem[ed as though] every cell in my 75 year old body was screaming. [I] Had to force myself out of bed (this as not for work reasons), drive to FNP get meds - [those] didn't help. Second time, 5 days later, [I] drive to FNP, get meds, it helped, but [I] did not feel well for at feast four weeks. I now take charge of my health" (Gloria).

Gloria has made the wise decision to take charge of her own health because of the effects that the flu vaccine had on her. She was clearly led to believe by her doctor or another medical professional that the flu shot worked wonders for those that were elderly. After the questions that have been answered in this book so far, I'm sure you'll agree that was terrible advice to give to a 75-year old. Thank goodness she was able to avoid worse adverse effects. Hopefully, she's just ensuring that she leads the healthiest lifestyle possible in order to build up her immune system and fight off infections herself.

Case Story 7: Marlene

"My Uncle at 95 years old became very ill after receiving the flu vaccine - which he had never had before. His health continued to decline. I wish more people would learn how to take preventative measures...they are plentiful" (Marlene Mayer).

Just like Marlene states at the end of her comment, there are so many

ways to prevent yourself from getting the flu and even more natural ways of helping yourself recover. Don't allow the flu shot propaganda and aggressive campaigning force you into taking something that you don't want. You have every right to refuse the flu shot, and you've got the facts to back up your reasons why. Just keep in mind and use the ways that were discussed in this book to strengthen your immune system and to fight off infection more easily if you do become ill.

Case Story 8: Pat

"My parents forced me to get an annual flu shot when I as in high school. I got several strep throats a year (something that I had never heard of before high school). When I went away to college, I refused to get the flu shot. I haven't had a flu shot, the flu, or a strep throat since. That was over a half century ago" (Pat).

Pat is a prime example of how the flu shot can cause other influenza-like illnesses. It is definitely no coincidence that once she stopped taking the seasonal flu shot, she no longer had to deal with strep throat or the flu, for over 50 years no less! Keep yourself healthy folks, you're worth it.

Case Story 9: Dr. Ramon

"I received a flu shot one year when I mistakenly trusted the word of a nurse who was a friend. I ended up with vertigo [that was] so bad I had to walk with two canes and the whites of my eyes [were] so red [that] I looked demonic. Fortunately I was coherent, most of the time. After about two weeks I started getting better, but it took months before I fully recovered" (Dr. Ramón Argila de Torres y Sandoval).

This just goes to show it's always best that you do your own research before allowing yourself to be administered with all of the chemicals and preservatives that any flu shot contains. Vertigo is one of the less common adverse effects, but it needs to be mentioned more often. Vertigo can affect every aspect of your life and make your day to-day task almost impossible to complete. As Dr. Ramon stated, it took months to completely recover from the effects of the flu shot. The risk just doesn't seem worth it to me.

Case Story 10: Mark

"I am a Registered Nurse and my rights were taken away in the hospital setting. Get the flu shot or be terminated. I have seven healthy adult children who were never vaccinated except for the same forced vaccines. I have seen many adverse reactions that go unreported; whole arm bruising in the same arm as the shot, Guillain Barre, where the Nursing Assistant could not walk for six months after the flu shot. They determined there was no link to the

vaccine. It is sick and twisted what we in America are being subjected to this and something needs to be done" (Mark Talbott).

The mere fact that certain state laws make it legal to enforce a mandatory seasonal flu shot gets under my skin. The debate about whether or not this should even be allowed in the first place has been under debate for many years. Those that are opposed to the mandatory vaccines feel that their human rights are being taken away from them. Many healthcare workers are threatened with losing their jobs if they do not take these vaccines. I truly feel that we should each be allowed the right to decide what gets put into our bodies and whether or not we are willing to take the risk involved in doing so. Below is a list of the 18 states in which there are "flu shot requirements" for health care workers, plus the requirements of some of these states. Please note all of this information was taken from an article written by Michelle Paul (2020) from the Clipboard Academy (specializing in *"providing educational resources and tools, to healthcare professionals who want to grow their careers"*):

- California
- Colorado
- Georgia
- Illinois
- Maine
- Maryland
- Massachusetts
- Nebraska
- New Hampshire
- Nevada
- New York
- Ohio
- Oklahoma
- Oregon
- Rhode Island

• South Carolina

• Tennessee

• Utah

Please note that each state has its own unique laws pertaining to the mandating of flu vaccines for its healthcare workers. These laws differ according to the exemption criteria, settings, and requirements stated by each individual state. Some of these laws (by 11 of the above-mentioned states) include exemptions for religious, medical, or philosophical reasons.

Here are the states and the laws mentioned in Paul's article:

• California requires all general acute care hospitals to mandate staff-wide influenza vaccination. Anyone who declines the vaccine must declare so in writing.

• Maine requires all general acute care hospitals to recommend and offer annual flu vaccines to all staff who provide direct patient care. Employees who don't meet immunization requirements may continue to attend work if they present a physician's written statement that "immunization against one or more of these diseases is medically inadvisable."

• Massachusetts requires hospitals to ensure all staff are vaccinated unless an individual declines the vaccine.

• Nebraska requires general acute care hospitals to offer annual on-site flu shots to all employees.

• New Hampshire requires hospitals to provide annual flu vaccines to all consenting employees. Those who want to opt out can do so due to medical or religious exemptions.

• New York requires hospitals to document vaccination status for each employee in their personnel files.

• Rhode Island requires hospitals to ensure all personnel receive a flu shot unless they decline vaccination. The hospital must then track the number of health care employees who decline for personal or medical reasons. For the duration of the flu season, unimmunized health care workers must wear a surgical mask for all direct patient contact.

• Utah requires hospitals to report the total number of health care workers employed along with the total number of those who have received a flu vaccine for the current season.

But the facts stand that some people are being forced to sacrifice one thing for another. Their health for their jobs or their jobs for their health. This is not fair. Especially considering the overwhelming number of studies that show the lack of effectiveness that's been proven.

Case Story 11: Bill

"Hon much do I really know about the flu vaccine? Well, the last three times I got it (mandated at work in healthcare), I got deathly ill. One year, I fell ill with a cold within 10 days of getting the jab. It went down into my lungs and made me miserable for over a month. Another year, I got pharyngitis, which drove me to madness. My uvula was swollen, and I couldn't even swallow my saliva without agony. The third year, I came down with a sore throat, again within 2 weeks of getting the jab. It hung on for a month before I tried antibiotics, which seemed to resolve it briefly. Then it came back to haunt me for another month. I thought it would never end. ***Nevermore!****"* (Bill Rhoades).

This is another case of someone's basic human rights being taken away because of mandated seasonal flu vaccines. This poor man was ill three times in a row after having the flu shot administered, and still, this kind of mandate is allowed. The ongoing after-effects of the flu shot are just not worth it. Each time he was hit with something different. This took a toll on his health during those times, and more than likely had some long-lasting effects on certain aspects of it.

Please note that some of the case stories have been edited slightly for the sake of clarity and format but the story itself has not been changed in any way and correct/y reflects the opinions of the individuals that gave their testimony. All case stories were taken from The Vacctize Reaction *comments sections.*

CHAPTER 5:

Reporting a Flu Shot Injury (Or Any Vaccine-Related Injury)

The fact of the matter is, vaccine injuries (such as from the seasonal flu shot) can and do occur, on a more regular basis than the CDC would lead us to believe. If you suspect that you, or someone you know, have been injured or have adverse side effects that you believe are related to any vaccine, you should take following steps immediately:

1. Report the adverse event to your health €are provider (HCP). This could be your doctor or any person that provides you with a form of healthcare on a regular or semi-regular basis. You could even go to an HCP that is not your regular one.

2. Ask the HCP to make a report to VAERS (Vaccine Adverse Events Reporting System) on your behalf. But, you should also know that anyone can report a vaccine injury to VAERS, it does not specifically have to be a healthcare or medical professional.

3. If they refuse to do so, you have the right to make a report by going to this link www.vaers.hhs.gov/reportevent.html Remember that if they are refusing you, they may be doing it to others as well. Report them regardless of what your relationship with them is. You could be saving someone else's life by doing so. According to the VAERS website, healthcare providers are required by law to report the following (VAERS):

a. *"Any adverse event listed in the VAERS Table of Reportable Events Following Vaccination that occurs within the specified time period after vaccinations."*

b. "Any adverse events that are listed by the vaccine manufacturer as a contraindication to further doses of the vaccine. "

4. The US Government has established this site (VAERS) to record and monitor all vaccine reactions, and have determined a list of injuries that are known to occur with flu shots (known as "Table Injuries").

It is also good to note that any healthcare provider is also *strongly encouraged* to report on the following to the VAERS website, as soon as possible:

• *"Any adverse event that occurs after the administration of a vaccine licensed in the United States, whether it is or is not clear that a vaccine caused the adverse event."*

• *"Vaccine administration errors" (vaers.hhs.gov).*

Below is a list of Table Injuries that the US government currently recognizes are Flu Shot Injuries (VAERS, n.d.) (despite the fact that there are many more than just these):

• anaphylaxis or anaphylactic shock (within seven days of flu shot administration)

• shoulder injury related to vaccine administration (within seven days of flu shot administration)

• vasovagal syncope (within seven days of flu shot administration)

• Guillain-Barre Syndrome (within 42 days of flu shot administration)

• any acute complication or sequelae (including death) of above events (interval - not applicable)

• events described in manufacturer's package insert as contraindications to additional doses of vaccine

To date, the US government has made payouts totaling over $4 billion to people that have reported flu vaccine related injuries, through the Vaccine Injury Compensation Program (VICP). Of all the vaccine injuries that are reported, the influenza vaccine (flu shot) is the vaccine with the most injury reports made. More than any other vaccine by double, almost triple the report numbers. This is a much higher percentage of payouts than any other vaccine has for their reported injuries (HRSA, 2023).

For a vaccine that claims to be so low risk and to help so many people, it sure does seem to have a lot of vaccine injury reports, doesn't it? As of June 2023, there have been a total of 9,329 influenza vaccine-related injuries reported. That is almost 4,000 more reports made than the closest number of reports for another vaccine (HRSA, 2023).

You'll notice that the HRSA (Health Resources and Services Administration) states, *"Being awarded compensation far a petition does not necessarily mean that the vaccine caused the alleged injury. In fact: Approximately 60 percent of all compensation awarded by the TCP comes as result of a negotiated settlement between the parties in which HHS has not concluded, based upon review of the evidence, that the alleged vaccine(s) caused the alleged injury"* (VICP Stats, 2023).

One of the reasons for settlements was even stated as *"The desire to resolve a petition quickly."* To me, this looks more like the vaccine

manufacturing companies don't want to have to openly tell us about the issues caused by them. Instead, they hide behind settlements (which likely include non-disclosure agreements) so that they don't have to take responsibility for the adverse effects caused by their products. It seems like a long stretch, perhaps but why else are we not made more aware of all the risks involved in taking the seasonal flu vaccine?

The fact of the matter stands the influenza vaccine, or seasonal flu shot, has far more risks involved than we are made aware of. The studies and so-called research done by the CDC regarding flu shot injuries are biased and do not portray the true results of those that have been injured or lost their lives due to the flu shot. It is best to do your own research in that regard and to form your own opinion on the matter.

Conclusion

So, you've made it though, and you've educated yourself on what questions you'll need to ask your doctor or PCP the next time they decide to recommend a flu shot or perhaps the next time you're thinking of getting one. Of course, I sincerely hope that the latter is not the case. Let's have a look at what we've covered and what we've learned from asking these questions (even if you didn't learn them from your doctor).

Let's start with the eight critical questions you should ask your doctor and a summary of what the correct answers to them were:

1. Doctor, why do I need the flu shot every year?

You don't need the flu shot every year. The flu shot has proven t© be more or less only 10% effective on average and cannot protect you from anything but the strain of influenza that is used in the vaccine (assuming that you're part of the lucky 10%). Studies nave been done over and over and have always yielded disappointing results but the same results in the end. The observational study that was done stated, *"Because fewer than 10% of all winter deaths were attributable to influenza in any season, we conclude that observational studies substantial!y overestimate vaccination benefit"* (Simonsen et al., 2005). This only proves to us again that the flu shot is not even nearly as effective as we've been led to believe. You don't need the flu shot this year, next year, or any year for that matter.

2. How dangerous is the flu really? Is it dangerous far someone like me?

If you are a regular Joe (or Jane), then the chances are that the flu is no more dangerous to you than the common cold or a little bit of a tummy bug. The influenza virus is a respiratory illness that can be risky, but the risk only presents itself if you already have a serious underlying medical condition. Most of the information that is given out by the CDC regarding influenza deaths is completely exaggerated and false. The true number of deaths ranges close to maybe about 1,000 deaths per year (nationally) that are caused by influenza or influenza-like illnesses, which means it's probably even less than that in reality. The CDC states the flu kills over 60,000 Americans every flu season, which is clearly false, as they clump in all respiratory illness' deaths such as pneumonia in their counting. Therefore, CDC's claims of flu-related deaths unfounded and unverifiable.

3. Do I really need to get the flu shot to protect others around me?

The short answer is no; you do not need to get the flu shot to protect anyone because it has absolutely no effect on whether they become infected. Because the flu shot has been proven to have such low effectiveness, there have also been studies done on whether it prevents others around you from falling ill. One of the studies showed that their volunteers that had repeated seasonal flu shots seemed to generate greater volumes of the airborne virus. Two of the volunteers who had been vaccinated for that flu season and the one before actually produced six times more volume of the aerosolized virus than those that had not taken either of those seasons' vaccines (Griffin et al., 2011). So as much as you'd like to be able to protect those around you from getting sick with the flu, the flu shot is not the way to go about doing that.

4. Does the flu shot have side effects that can be harmful to me?

Yes, the flu shot can have some seriously scar side effects that could cause lasting damage or even death. There have been reports of many adverse effects that have caused issues like temporary facial paralysis and even more serious conditions such as GBS, Myocardial Infarction, Acute Disseminated Encephalomyelitis (ADEM), Optic Neuritis, Encephalitis, Encephalopathy, Strokes, Chronic Inflammatory Disseminated Polyneuropathy, and Bell's palsy. Each one of these has been noted as an adverse side effect caused by the influenza vaccine (Karnath et al., 2020). These risks need to be taken into consideration when making this decision.

5. I have heard that the flu shot contains mercury and that it can be toxic to the human body. Is this true?

It is very true that there are flu shots that contain trace amounts of mercury in them. Mercury can cause a list of health issues ranging from issues with your kidneys (such as renal failure, which would mean having to go on dialysis regularly for the rest of your life), bone marrow problems (that will affect the production of white and red blood cells that carry oxygen and prevent infection and platelets that control your bleeding), liver disease (which might mean a number of added medical problems), brain damage, nervous system damage, and your gut health as well. Three out of nine vaccines that are available in the US contain thimerosal (mercury), which means that over 30% of the vaccines available contain mercury (CDC Pinkbook, n.d.). Don't let anyone tell you that the CDC mandated an immediate stop to the use of thimerosal in the vaccines used and recommended in the US because that is completely false.

6. I have heard that the flu shot contains, other ingredients such as preservatives and that some of these can be harmful. Is this true?

Yes, that is absolutely true. Your doctor may tell you otherwise, but it's easy to find a list of the ingredients that are used in the vaccines used in the US. There was a list given of the ingredients used in each vaccine available to US citizens, showing that there are many preservatives and chemicals that you may not want to put into your body or the bodies of your loved one. Remember to make use of the ingredients glossary that is available at the end of this book. Each of these ingredients might pose more of a risk than you are willing to take and it's best to educate yourself on what that risk might be.

7. Doctor, can't I just take my chances and get the flu, so I can develop natural immunity?

Of course, your doctor will have said no and that the flu shot is definitely your best bet if you want to prevent yourself or your loved one from becoming ill or infected by the seasonal virus. But research has shown us that a natural immunity built from exposure is by far your best bet against the influenza virus. Becoming infected with the virus might not even mean that you get sick; instead, it will just mean that your body can start creating antibodies against the virus of the strain that you came into contact with.

8. Doctor, if I agree to get the flu shot today, can you please provide me with the package insert from the manufacturer so I can read it before I get the shot?

Your doctor must provide you with the information that you've requested, no matter what. There is absolutely no excuse for them not to share this information with you, and it's important that you insist on it. This is the only way that you will be able to ensure that you are dealing with a doctor that is willing to be open and honest with you. It is also part of your rights as a patient to have access to this information as part of informed consent that comes with the agreement to having an influenza vaccine administered to you or one of your loved ones. It is important that when you are able to see the package inserts that you focus on three main sections of the insert. Namely: Contraindications, warnings and precautions, and the adverse reactions (Clinical trials and post-marketing experience) sections. These inserts are between 20 to 30 pages long, so take your time and truly go through the information so that you know all of the risks involved should you lean towards any specific vaccine.

Now that we've jogged your memory and reminded you of the answers to those, let's look at the four extra questions that you should ask your doctor and what the correct answers would be (if they were educated enough on the topic to know the truth):

1. Doctor, is it possible the flu shot can give me the flu?

Why, yes, it is definitely possible. Simply because there are vaccines that have the activated flu virus as one of the ingredients used. And yes, the active influenza virus could be administered to you or your loved ones. FluMist is one of the more popular nasal spray vaccines that are recommended by the CDC, and it contains a live culture of the virus in each dose. It may be a weakened form of the virus, but the live virus, nonetheless. There have also been studies done that proved that any flu shot can cause you to be at an increased risk of contracting the influenza virus or other influenza-like illnesses that can affect your respiratory system.

2. Doctor, I am worried about my elderly parents getting the flu. Will the flu shot be protective for them?

The flu shot hasn't been shown to be effective in preventing the flu in the elderly at all. Nor does it reduce their risk of dying from the flu or influenza-like illnesses as the CDC would lead you to believe. As we've discussed in the previous question, it may even increase their risk of infection. There have been studies done by JAMA Internal Medicine that proved that the influenza vaccine had little to no impact on preventing the elderly from getting the flu or from dying from the flu but may even have caused them to be more easily infected. Another study found that during the peak of elderly folks getting vaccinated, there was also an increase in the hospitalization and death of that same group caused by the influenza virus or influenza-like illnesses (Simonsen, et al., 2005).

3. Doctor, are there other ways I can protect myself from the flu, besides getting a flu shot?

There are many ways that you can protect yourself from the flu; there are even more natural remedies and ways in which you can treat yourself if you were to get the flu. The most important way that you can protect yourself from the flu is by making sure that you have the strongest immune system that you can have. There are numerous ways in which you can strengthen your immune system, like eating healthier, getting enough rest, making sure that you get out into the sunshine and fresh air keeping those stress levels down, and the tried and tested activity of drinking enough water. Your body should be strong enough to fight off

the flu when it comes knocking on your door, but there are remedies such as inhialimg steam, herbal teas, gargling with some salt water essential oils, bland diets, sunshine, and good, old-fashioned rest that will help you lessen the effects of the flu. It's up to you to make sure that you keep yourself as healthy as possible and try to make sure to steer clear of those people that you suspect are sick. Even if you have a healthy immune system, you may just carry that virus with you and infect someone else. Wash those hands and steer clear of those sniffles.

4. Doctor, it seems the CDC is aggressively pushing the flu shot every year. Are they doing scientific studies to improve flu shots every year?

Sadly, the fact is that the CDC doesn't really do any of its own scientific research. Most of the information that you and I are able to see on the CDC website or in their aggressive advertising is given to them by the vaccine manufacturers themselves. Because of this, the information that they use is subject to huge amounts of bias and is not as trustworthy as we'd like them to be. There is a lot of corruption and money-grabbing schemes that have found their way into the light, and it's important to realize that the CDC wants to sell as many vaccines as possible because they have financial deals with the manufacturing and pharmaceutical companies that produce these vaccines. This is why it is important to do your own research regarding any flu vaccine that you are thinking about using.

Remember that a lot of the time, your doctor simply has not been given the correct information or training. They usually are not trying to be deceitful regarding what they know about the flu shot and the risks involved. This is why we ask questions that we already know the answers to. Who knows, perhaps you'll be able to teach your doctor a thing or two in the process, assuming they've not kicked you out on your behind after the questions that you had for them.

In closing, I would like to encourage each and every one of you that has taken the time to inform yourself on this topic to take your health into your own hands. Doctors can be extremely busy and overworked, and due to that, they may not always be able to give you the best advice. There are many resources available thanks to the internet, and it's up to you to take advantage of the information that is at your fingertips. Make sure that you do your own research, check your resources, and ensure that the information that's been given to you is true and up-to-date. It's important to note that you will come across a lot of false information, and that is simply dressed up to look pretty and make you believe what has been said. Track down where the information is coming from, or simply disregard that information.

It is up to you to be your own best health advocate and look out for your health and the health of your family and loved ones that can't do that for

themselves. After all, who would be better at ensuring the best for their family and loved ones if not for you? Nobody else cares about them and loves them the way that you do. Do what's best for all of you, because you deserve to lead a happy, healthy life that is free of complications that could have been avoided through education.

Glossary

This glossary contains two sections, for the purpose of clarity.

Section 1: Some of the Many Ingredients Used in Flu Vaccines

(You can find the complete list of ingredients on cdc.gov)

- **Beta-propiolactone:**

Purpose - used as a disinfectant and sterilizing agent.
Effect on the human body - possible development of human carcinogen (agent, substance, or organism that is capable of causing cancer).

- **Cetyltrimethylammonium bromide (CTAB):**

Purpose - used as a surfactant (this increases the solubility of vaccine ingredients).
Effect on the human body - it may cause damage to cell membranes.

- **Formaldehyde:**

Purpose - it is used to inactivate viruses.
Effect on the human body - it has toxic effects on living tissue. It can also lead to edema and necrosis of living tissues.

- **Monobasic potassium phosphate:**

Purpose - a form of a buffer used to balance PH in the body.
Effect on the human body - the possibility of causing including serious hypersensitivity reactions including anaphylaxis, angioedema, rash, urticaria, and throat tightness.

- **Monosodium Glutamate (MSG)**:

Purpose - used as a stabilizer that protects vaccines during storage.
Effect on the human body - it can lead to brain cell damage.

- **Neomycin:**

Purpose - used as an antibiotic.

Effect on the human body - it might be an allergen for some people who are allergic to antibiotics.

- **Octoxynol-10:**

Purpose - used as a detergent.
Effect on the human body - it might cause hypersensitivity and allergic reactions in some people.

- **Polymyxin B:**

Purpose - used as an antibiotic.
Effect on the human body - it might be an allergen for some people who are allergic to antibiotics.

- **Polysorbate 80:**

Purpose - used as a surfactant (this increases the solubility of vaccine ingredients).
Effect on the human body - it can cause very severe nonimmunologic anaphylactoid reactions.

- **Potassium chloride:**

Purpose - used as a stabilizer that protects vaccines during storage.
Effect on the human body - it can cause stomach bloating, severe vomiting, and severe stomach pain.

- **Squalene:**

Purpose - used as an adjuvant (helping create a stronger immune response to the vaccine).
Effect on the human body - this ingredient has been linked to the auto-immune condition known as Autoimmune/inflammatory Syndrome Induced by Adjuvants (ASIA) which has many different effects that vary from person to person.

- **Thimerosal:**

Purpose - used as a preservative (50% ethyl mercury by weight).
Effect on the human body - contains a neurotoxin, crosses through the blood-brain barrier, and may lead to inflammation of the brain.

Section 2: Adverse Effects Linked to Flu Vaccines

(These effects have been demonstrated in clinical trials, as well as post marketing surveillance)

- **ADEM-Acute disseminated encephalomyelitis:**

A rare autoimmune disease marked by a sudden, widespread attack of inflammation in the brain and spinal cord.

- **CIDP-Chronic inflammatory demyelinating polyneuropathy:**

A neurological disorder a condition that targets your body's nerves. Symptoms aren't the same for everyone, but it may cause areas of numbness and pain.

- **GBS-Guillain-Barre syndrome:**

A rapid-onset muscle weakness caused by the immune system damaging the peripheral nervous system. The initial symptoms are typically changes in sensation or pain along with muscle weakness (or even paralysis), beginning in one's feet and hands. This often spreads to the arms and upper body, with both sides being involved.

- **MS-Multiple sclerosis:**

A demyelinating disease in which the insulating covers of nerve cells in the brain and spinal cord are damaged. This damage disrupts the ability of parts of the nervous system to communicate, resulting in a range of signs and symptoms, including physical, mental, and sometimes psychiatric problems.

- **Myasthenia gravis:**

A long-term neuromuscular disease that leads to varying degrees of skeletal muscle weakness. The most commonly affected muscles are those of the eyes, face, and swallowing. It can result in double vision, drooping eyelids, trouble talking, and trouble walking.

- **Peripheral Neuropathy:**

Damage to or a disease affecting nerves, which may impair sensation, movement, gland or organ function, or other aspects of health, depending on the type of nerve affected.

- **SIRVA-Shoulder Injury Related to Vaccine Administration:**

It can happen when a vaccine is injected into the shoulder too high or too deep and can cause various injuries. SIRVA can lead to intense,

prolonged pain, limited range of motion, and shoulder-related injuries such as adhesive capsulitis or frozen shoulder syndrome.

- **TM-Transverse myelitis:**

An inflammation of both sides of one section of the spinal cord. This neurological disorder often damages the insulating material coveting nerve cell fibers (myelin). Transverse myelitis interrupts the messages that the spinal cord and nerves send throughout the body.

References

Bloom, J. D. (n.d.). *The flu virus's ability to mutate May sometimes be its downfall*. HHMI.org. https://www.hhmi.org/news/ the-flu-viruss ability-to-mutate-may-sometimes-be-its downfall

Brief history of influenza/ Advanced Biotechnologies / Your Viral Reagent Company. (n.d.). Advanced Biotechnologies. https:/ /abionline.com/history-of-influenza/

Caceres, M. (2O16a, December 2). *How much do you really know about the flu vaccine? - the vaccine reaction.* The Vaccine Reaction. https:// thevaccinereaction.org/2016/12/how much-do-you-really-know-about-the-flu vaccine/

Caceres, M. (2O16b, December 8). *Study: Flu vaccine does not reduce school absenteeism - the vaccine reaction.* The Vaccine Reaction. https:/ / thevaccinereaction.org/2016/12/study flu-vaccine-does-not-reduce-school absenteeism/

Caceres, M. (2017a, February 9). *Flu vaccine mandates far hospital workers based on flawed research - the vaccine reaction.* The Vaccine Reaction. https:/ /thevaccinereaction.org/2017 /02/ flu vaccine-mandates-for-hospital-workers-based on-flawed-research/

Caceres, M. (2017b, December 1). *FDA approves four strain flu vaccine for children - the vaccine reaction.* The Vaccine Reaction. https:// thevaccinereaction.org/2017/11/fda approves-four-strain-flu-vaccine-for-children/

Caceres, M. (2017c, December 12). *Cincinnati nurses fired after they declined flu vaccine - the vaccine reaction.* The Vaccine Reaction. https:// thevaccinereaction.org/2017 /12/ cincin nati-nurses-fired-after-they-declined-flu vaccine/

Caceres, M. (2019, July 4). *What's so effective about a flu vaccine that's less than 10 ...- the vaccine reaction.* The Vaccine Reaction. https:/ / thevaccinereaction.org/2019 /07 /whats -so-effective-about-a-flu-vaccine-thats-less than-10-percent-effective/

Caceres, M. (2020, April 3). *Flu vaccines failing seniors - the vaccine reaction.* The Vaccine Reaction. https://thevaccinereaction.org/2020/04/u

vaccines-failing-seniors/

Cannell, J. J., Zasloff, M. Garland, C. F. Scragg, R & Giovannucci, E. (2008). On the epidemiology of influenza. *Virology Journal,* 5(1), 29. https://doi.org/10.1186/1743-422-5-29

Carroll, A. E. (2018 January 11). Why it's still worth getting a flu shot. *The New York Times*. https://www.nytimes.com/2018/01/11/upshot/flu-shot-risks-benefits-strain.html

CDC. (n.d.). *Recommendations regarding the use if vaccines that contain thimerosal as a preservative*. www.cdc.gov. https://www.cdc.gov/mmwr/preview/mmwrh tml/ mm4843a4.html

CDC. (2019a). *Vaccine information statement.* https://www.cdc.gov/vaccines/hcp/vis/vis statements/ flulive.html

CDC. (2019b, November 13). *Flu vaccine with adjuvant* / CDC. www.cdc.gov. https://www.cdc.gov/flu/prevent/adjuvant.html

CDC. (2020). *Prevention and control of influenza: Recommendations of the advisory committee on immunization practices (ACIP)*. https://www.cdc.gov/ mmwr/preview / mmwrh tml/ rr5306a1.html

CDC. (2023). *Adults 65 and older need a flu shot.* https://www.cdc.gov/flu/pdf/ freeresources/ se niors /seniors-vaccination-factsheet-final.pdf

CDC/NCIRD. (2015). *Appendix b-pink book - vaccines*. https:/ / www.cdc.gov/vaccines/pubs/pinkbook /downloads/appendices/B/ excipient-table-2.pdf

Data & statistics. (n.d.). https://www.hrsa.gov/ sites/ default/ files/hrsa/vicp/vicp-stats.pdf

Demicheli, V., Jefferson, T., Al-Ansary, L. A., Ferroni, E., Rivetti, A., & Di Pietrantonj, C. (2014, March 13). *Vaccines for preventing influenza in healthy adults*. https:/ /www.cochranelibrary.com/ cdsr/ doi/10 .1002/14651858.CD001269.pub5/full

DispatchHealth Staff,. (2020, October 19). *How to prevent the flu naturally*. DispatchHealth. https:/ /www.dispatchhealth.com/blog/how to-prevent-the-flu-naturally/

Do you know what's in a vaccine? - learn the risk. (n.d.). Learntherisk.org. https:/ /learntherisk.org/vaccines/ingredients/

Ducharme, J. (2018, March 2). *Want to protect yourself from getting the flu? Get some Sunshine.* Time. https://time.com/5181153/sunlight-flu prevention-study/

Fisher, B. L. (2017, February 21). *Getting a flu shot: No guarantee it Will Work*. https://www.nvic.org/ newsletter/feb 201 7 /getting-a-flu-shot-no-guarantee-it-will work

Flu shot: Is it worth the risk? - Learn the Risk. (2020, December 4). Learntherisk.org. https://learntherisk.org/vaccines/flu-shot-is-it worth-the-risk/

Flumist influenza vaccine: Uses, dosage, side effects. (n.d.). Drugs.com. https://www.drugs.com/ flumist.html#:-:text= FluMist%20is%20used%20to %20prevent

Garozzo, A., Timpanaro, R., Stivala, A., Bisignano, G., & Castro, A. (2011). Activity of melaleuca alternifolia (Tea tree) Oil on influenza virus a/ PR/8: Study on the mechanism of aetion. *Antiviral Research*, 89(1), 83-88. https:/ / doi.org/10.1016/j.antiviral.2010.11.010

Griffin, M. R., Monto, A. S., Belongia, E.A., Treanor, J.J., Chen, Q., Chen, J., Talbot, H. K., Ohmit, S. E., Coleman, L. A., Lofthus, G. Petrie, J. G., Meece, J. K., Hall, C. B., Williams, J. V., Gargiullo, P., Berman, L., Shay, D. K., &: U.S. Flu-VE Network. (2011). Effectiveness of non-adjuvanted pandemic influenza A vaccines for preventing pandemic influenza acute respiratory illness visits in 4 U.S. communities. *PloS One, 6(8)*, e23085. https:/ / doi.org/10.1371 /journal.pone.0023085

Griffith, R. M. (n.d.). *What are your odds of getting the flu?* WebMD. https://www.webmd.com/cold-and-flu/flu statistics#:-:text=5%25%20to %2020%25%20%2D%2D%20Pecentage

Haber, P. (2004). Guillain-barré syndrome following influenza vaccination. JAMA, 292(20), 2478. https:/ / doi.org/10.1001/ jama.292.20.2478

Harper, S., Fukuda, K., Uyeki, T., Cox, N., & Bridges, C. (2020). *Prevention and control of influenza: Recommendations of the advisory committee on immunization practices* (ACIP). https://www.cdc.gov/ mmwr/ preview/ mmwrh tml/ rr5306a 1.htm

How you're being lied to about the risks of getting a flu vaccine annually. (2019, January 11). www.jeremyrhammond.com. https:/ / www.jeremyrhammond.com/2019 /01 / 11 /how-youre-being-lied-to-about-the-risks-of-getting-a-flu-vaccine-annually/#a-name-harms a-just-how-rare-are-serious-harms-from-the-flu shot

Iftikhan, M. (2019, April 10). *Natural flu remedies: For symptom relief and to shorten duration*. Healthline. https://www.healthline.com/health/ natural flu-remedies

Institute of Medicine of the National Academies (2012). *Adverse effects of vaccines: Evidence and causality*. nap.nationalacademies.org. https:/ / nap.nationalacademies.org/read/13164 /chapter/1

Hammond, J. R., (2018, April 2). *How the CDC uses far and deception to sell more flu vaccines.* www.jeremyrhammond.com. https:// www.jeremyrhammond.com/2018/04/ 02/how-the-cdc-uses-fear-and-deception-to sell-more-flu-vaccines/

Hammond, J. R., (2022, November 1). *Myths and facts about flu shots*. www.jeremyrhammond.com. https://www.jeremyrhammond.com/2022/11/ 01/ myths-and-facts-about-flu-shots/

HRSA. (n.d.). *Vaccine injury compensation data* / HRSA. www.hrsa.gov. https://www.hrsa.gov/vaccine compensation/ data

Kamath, A., Maity, N., &: Nayak, M. A. (2020). Facial paralysis following influenza vaccination: A disproportionality analysis using the vaccine adverse event reporting system database. *Clinical Drug Investigation*, 40(9), 883-889. https:/ / doi.org/10.1007 / s40261-020-00952-0

Maffetone, D. P. (2015, April 30). *Why I'm not getting a flu shot*. Dr. Phil Maffetone. https:/ / philmaffetone.com/ flu-shots/

More than half of Americans want a flu shot despite the science. (2018, December 8). www.jeremyrhammond.com. https:/ / www.jeremyrhammond.com/2018/12/ 08 / more-than-half-of-americans-want-a-flu shot-despite-the-science/

National Vaccine Information Center. (n.d.). *What is the history of influenza vaccine use in America?* National Vaccine Information Center. https:/ /www.nvic.org/ disease vaccine/influenza/vaccine-history

National Vaccine Information Center. (2012, October 3). *Influenza deaths: The hype vs. The evidence.* https:/ /www.nvic.org/ newsletter/ oct-2012/ influenza-deaths-the-hype-vs-the-evidence

National Vaccine Information Center. (2023a, February 4). *What is influenza?* https://www.nvic.org/disease vaccine/influenza/what-is

National Vaccine Information Center. (2023b, February 4). *Who should not get the influenza (flu) vaccines?* https://www.nvic.org/disease vaccine/

influenza/vaccine-who-should-not-get

National Vaccine Information Center. (023c, June 10). *Can Influenza vaccine cause injury and death?* https://www.nvic.org/disease vaccine / influenza/vaccine-injury

Ong, A. (2021, July 22). *Stay hydrated and stay healthy: How water supports immunity.* Herbalife. https: / / iamherbalifenutrition.com/health-and-wellness /water-supports- immunity/#:~ :text=Water%20is%2©an %20important%20component

OSHA's position on mandatory flu shots for employees. / Occupational Safety and Health Administration. (n.d.). www.osha.gov. https:// www.osha.gov/laws- regs /standardinterpretations/2009-11-09

Package inserts. (n.d.). Military Health System. https://health.mil/ Military-Health Topics/ Health-Readiness/Immunization Healthcare/Vaccine-Preventable-Diseases/Package-inserts

Pallarito, K. (2018, NOvember 13). *10 flu shot side effects and how to deal with them, according to doctors*. Prevention, https:// www.prevention.com/health/health-conditions/a25050076/flu-shot-side-effects/

Paul, M. (2020, December 7). *Are nurses required to get a flu shot?* Clipboard Academy, https://clipboardacademy.org/are-nurses-required-to-get-a-flu-shot/#:~:text=In%20addition%20to%20statewide%20laws

Penn Medicine, (2022), *Flu (Influenza)*. Pennmedicine.org. https:// www.penn,medicine.org/for-patients-and-visitors/patient-information/ conditions-treated-a-to-z/flu-influenza

Petráš, M. Králova Lesná, Dánová, J., & Celko, A. M. (2020). Is an increased risk of developing guillain-barré syndrome associated with seasonal influenza vaccination? A systematic review and Meta-analysis. *Vaccines*, 8(2), 150. https://doi.org/10.3390/vaccines8020150

Polkinghorne, B. G., Muscatello, D. J., MacIntyre, P. M. & Torvaldsen, S. (2011). Relationship between the population incidence of febrile convulsions in young children in Sydney, Australia and seasonal epidemics of influenza and respiratory syncytial virus, 2003-2010: a time series analysis.BMC *Infectious Diseases*,11(1). https://doi.or/10.1186/1471-2334-11-291

Potter, C. W. (2001). A history of influenza, *Journal of Applied Microbiology*, 91(4), 572-579. https://doi.org/10.1046/ j.1365-2672.2001.01492.x

Schoenbaum, S., Mostow, S., Dowdle, W., Coleman, M., & Kaye, H. (1969), Studies with inactivated influenza vaccines purified by zonal centrifugation*2. Efficacy, *Bull.Org Mond. Sante, 41*, https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC2427700/pdf/ bullwho00220-0191.pdf

Slusky, D. J. G., & Zeckhauser, R.J. (2021). Sunlight and protection against influenza. *Economics & Human Biology*, 40, 100942. https:// doi.org/10.1016/j.ehb.2020.100942

Simonsen, L., Reichart, T. A., Blackwelder, W.C., Taylor, R., & Miller, M.A. (2005). Impact of influenza vaccination on seasonal mortality in the US elderly population. *Archives of Internal Medicine, 165(3)*, 265. https:/ / doi.org/10.1001 /archinte.165.3.265

Simonsen, L., Reichert, T. A., & Viboud, C. (2005). Impact of influenza vaccination on seasonal mortality in the US elderly population. *Archives of Internal Medicine, 165(3)*, 265. https:/ / doi.org/10.1001 /archinte.165.3.265

Team, C.H. D. (2018, October 9). *The cdc's influenza math doesn't add up: Exaggerating the death toll to sell flu shots.* Children's Health Defense. https:/ / childrenshealthdefense.org/ news/ vacci ne-safety/ the-cdc-influenza-math-doesnt-add up-exaggerating-death-toll-to-sell-flu-shots/

Thimerosal laws in Washington. (n.d.). Washington State Department of Health. https:/ / doh.wa.gov /you-and-your- family /immunizarion/vaccine-safety /thimerosal-laws-washington

Unsplash. (2021, November 9). *Photo by Steve Lieman on Unsplash*. Unsplash.com. https:/ /unsplash.com/photos/ fgwK423HRaw

Vaccine injury compensation data / HRSA. (n.d.). www.hrsa.gov. https:// www.hrsa.gov/vaccine compensation/ data

Vaccine safety: Immune system and 'health / Children's Hospital of Philadelphia. (2014, November 5). Chop.edu. https://www.chop.edu/centers programs/vaccine-education-center/vaccine safety / immune-system-and-health

VAERS - Report an adverse event. (n.d.). Vaers.hhs.gov. https:/ / vaers.hhs.gov /reportevent.html

Vogel, G. (2015, July 1). *Why a pandemic flu shot caused narcolepsy*. www.science.org. https://www.science.org/content/article/why pandemic-flu-shot-caused-narcolepsy

Warning: All vaccines compromise natural immunity. (2020, July 27). Dr. Dekel MD. https:/ /www.drdekel.com/warning-all vaccines-compromise-natural-immunity/

Winehouse, B. (2022, November 11). *Does the flu shot contain live virus? Here's hat to kno and why it's safe*. Health. https: //www.health.com/ condition/flu/is-the-flu-shot-a-live virus#::text=Live%2C%20Attenuated %20Flu %20Vaccines

Worried sick? How stress impacts your immune system | Sanitarium Health Food Company. (n.d.). Www.sanitarium.com. https:// www.sanitarium.com/au/health/nutrition/ nutrition/worried-sick-how-stress impacts-your-immune system#:~:text=Stress%20raises%20your%20c ortisol %20levels

Yan, J., Grantham, M., Pantelic,]., Mesquita, P. J. B. de, Albert, B., Liu, F., Ehrman, S., Milton, D. K., & Consortium, E. (2018). Infectious virus in exhaled breath of symptomatic seasonal influenza cases from a college community. *Proceedings of the National Academy of Sciences, 115(5)*, 1081-1086. https:// doi.org/10.1073/pnas.1716561115

During the Covid-19 pandemic, the world witnessed how quickly world governments and pharmaceutical industries deployed a Covid-19 vaccine. As the data now reveals the ineffectiveness and possible harms of these vaccines, many people across the world are beginning to question the safety and efficacy of other vaccines, including the annual flu vaccine that is recommended every year.

For example, some of the questions that arise around the flu vaccine (flu shot) are:

1- How effective is the flu vaccine?
2- Does the flu vaccine prevent transmission of the virus to others?
3- Does the flu vaccine have any adverse side effects?
4- Can the flu vaccine cause the flu?
5- What are some adverse reactions that are reported after getting the flu vaccine?
6- Can you be compensated for a flu vaccine injury?

Dr. M. Kureshi has compiled a list of **8 Critical Questions** that everyone should ask their health care provider BEFORE getting a flu shot, in order to make an informed medical decision for themselves and their families.

Also provided is an immediate **FACT CHECK** to counter or refute your doctor's likely answer, referencing the most recent peer reviewed publications that most doctors themselves are not aware of. Armed with this knowledge, you will be able to have an informed discussion with your doctor on all the benefits and risks of the flu shot.

DR. M. KURESHI

is a licensed healthcare practitioner for over 30 years, and has studied the subject of vaccine safety and efficacy extensively.

Visit www.NotSafeNotEffective.com for access to peer reviewed studies, articles and videos on vaccine safety and efficacy.